

# Volunteer Registration Form and Agreement

Tel. No.: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Dates of Service: \_\_\_\_\_ to \_\_\_\_\_

Emergency Contact Name/Tel. No.: \_\_\_\_\_

Sponsoring Department: \_\_\_\_\_

Supervisor of Volunteer: \_\_\_\_\_

Description of Volunteer Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Location where Volunteer will Perform Duties: \_\_\_\_\_

As a Volunteer, I understand and agree to the following:

1. I am volunteering to perform the volunteer duties identified above solely for my personal benefit without promise or expectation of compensation, benefits, academic credit, or in exchange for my service as a volunteer, I have neither been promised any consideration nor do I expect to receive any consideration

obtain their own medical insurance before participating in this structured volunteer program. I understand that the University will not provide me with accident or medical insurance, and is not responsible for any accident or medical expenses that I incur in the course of volunteering.

7. I understand that my participation as a volunteer may involve certain risks that have been explained to me, including, but not limited to, \_\_\_\_\_

\_\_\_\_\_.

I voluntarily accept these risks.

8. I further understand that during the volunteer period designated above, I agree to serve as a volunteer with \_\_\_(the institution)\_\_\_ by participating in the structured volunteer program organized, controlled, and directed by \_\_\_(the institution)\_\_\_ as described in the description of duties above, which are for the sole purpose of carrying out the functions of \_\_\_(the institution)\_\_\_.

In consideration for my service as a volunteer, the  
pose of  
O.C.G.A. § 50-21-20 et seq. (Georgia Tort Claims Act) as long as I act within the scope of service set forth in this Agreement.

9. If my Volunteer Duties involve assisting with research:

**Volunteer:**

**Approved by:**

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Signature

Date

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Head of Sponsoring Department

Date