



# Volunteer Agreement and Release

Volunteer's Name	
Address	
City/State/Zip	
Date	

Metropolitan State University of Denver welcomes you as an authorized volunteer in the enter department

The scope of your volunteer activities includes: describe activity

Your volunteer service will be begin on            and will end on            .

Volunteer Emergency Contact Information:

Emergency contact name(s) and phone number(s)

1. I understand that I am required to submit a background check before I can volunteer.
2. I understand that once my volunteer services cease I will no longer be permitted access to Metropolitan State University of Denver systems and facilities.
3. I understand and agree that my volunteer service is in no way an offer of employment by MSU Denver and that I shall not receive, nor be entitled to receive, any compensation, reimbursement or remuneration for my participation in my volunteer service. I further agree to release MSU Denver from any and all claims to compensation, reimbursement or remuneration related to my volunteer service. I also understand and agree that at no time will I be considered or deemed to be an agent, servant or employee of MSU Denver.
4. I understand that I will be volunteering at a higher education institution and I, therefore, agree to act appropriately and in a professional, courteous manner during my volunteer service. I understand and agree that the University may terminate my volunteer service at any time, with or without cause.
5. I understand that during my volunteer service, I may have access to, or may observe, certain information that is proprietary to the MSU Denver and I hereby agree not to disclose, discuss or reveal any such information to parties outside of MSU Denver, and to keep any MSU Denver records or files, confidential.
6. In the event that my volunteer services will be in a department where there may be airborne pathogens, or whose work involves contact with potentially infectious diseases including, but not limited to, HIV, hepatitis or tuberculosis, I hereby agree to assume all risks and responsibilities associated with participation in such an volunteer service. Furthermore, I hereby agree to release, indemnify and hold harmless Metropolitan State University of Denver, including its present and former Trustees, officers, directors, faculty, employees, agents and participants from and against any and all losses, expenses, claims, actions, liabilities and judgments (including attorney fees through the

appellate levels), which I, my dependents, assigns, personal representatives, heirs or next of kin, may sustain or suffer as a result of or arising out of my contact with such airborne pathogens or infectious diseases, whether caused by the negligence of Metropolitan State University of Denver, persons acting on its behalf or otherwise.

7. In consideration of my being allowed to participate in the volunteer service, I agree to release, indemnify and hold harmless Metropolitan State University of Denver, including its present and former Trustees, officers, directors, faculty, employees, agents and participants from and against any and all losses, expenses, claims, actions, liabilities and judgments (including attorney fees through the appellate levels), which I, my dependents, assigns, personal representatives, heirs or next of kin may sustain or suffer as a result of or arising out of my participation in the volunteer service, whether caused by the negligence, action or inaction of Metropolitan State University of Denver persons acting on its behalf or otherwise. I also agree that I shall be fully responsible for any and all loss or damage that I inflict upon any person or upon Metropolitan State University of Denver facilities during my participation in the volunteer service.
8. I understand that as a school volunteer, Metropolitan State University of Denver does not provide me with accident or medical insurance, and is therefore not responsible for any accident or medical expenses incurred by me. Further, I understand that I am not entitled to employee benefits, and neither covered by Worker's Compensation as a result of my University volunteer affiliation.
9. I understand that this release is intended to be as broad and inclusive as is permitted by the laws of the State of Colorado.
10. I have read and understand this Volunteer Service Agreement and Release and I do voluntarily sign said document of my own accord and as a condition of being allowed to participate with my volunteer service. Further, by signing this agreement I attest to the fact that I am eighteen years of age or older.

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Volunteer Signature

Date

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Approved By Name/Department

Date

Provide copy of agreement to volunteer and submit original to Human Resources