

GEORGIA STATE UNIVERSITY
Volunteer Registration Form

Volunteer's Name (Please Print): _____ 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 or future employment from Georgia State University ("University"). I understand that the University and/or I may end my volunteer services at any time without further obligation one to the other.
2. I will familiarize myself with and abide by all University policies, including those regarding conduct, confidentiality, safety and welfare.
3. I agree to perform my Volunteer Duties under the direction and control of the authorized University official identified above or such other authorized University official as is later designated to supervise my volunteer work.
4. I agree to cooperate with any screening and background checks required by the University prior to my performance of any Volunteer Duties.
5. I understand that volunteers are **not** eligible for employee benefits and are **not** covered by workers' compensation insurance for injuries or illness resulting from their volunteer activities, and are strongly encouraged to obtain their own medical insurance before participating in this structured volunteer program.
6. If my Volunteer Duties involve assisting with research:
 - A. I understand and agree that federal laws regulating the export of technologies may prohibit assistance by international individuals on certain types of research projects. I understand that all University and other required approvals must be secured prior to conducting research activities and I agree to abide by all policies and procedures governing such activities. If I assist with research funded by a third party sponsor, I agree to abide by the terms of the sponsorship agreement. Further, I agree to be bound by any written nondisclosure or confidential disclosure agreement governing confidential information to which I may have access in the course of my research activities at University.
 - B. I pledge to disclose any intellectual property developed as a result of the research my research activities at University. If valuable intellectual property is created as a result of the research with which I assist at University, then ownership of such intellectual property shall be determined by University policy and federal law regarding inventorship and authorship.
7. My performance of the Volunteer Duties is purely voluntary and I agree to assume all risk associated therewith. I do hereby release, waive, discharge and covenant not to sue Georgia State University and the Board of Regents of the University System of Georgia and their employees, officers, members and agents (collectively, "Georgia State") from all liability, loss, damage, or claim resulting from my performance of the Duties. I also agree to indemnify and hold Georgia State harmless from all claims, demands, causes of action, actions, judgments or other liability including reasonable attorneys' fees arising out of, resulting from or in connection with my Volunteer status or duties.

Volunteer:

Approved by:

Signature

Date

Head of Sponsoring Department

Date

Y / N

Background Check Required?

*Copy of completed form must be submitted **prior** to start of volunteer duties to Georgia State University HR Employment Office, One Park Place South, Suite 344, Atlanta GA 30302-3964. Original copy should be maintained by the Supervising Department.*