

University of Kansas – Unpaid Volunteer Registration Form

Departments should collect & retain the following information about Volunteers. Send the form to Human Management Resources (HRM at hrdept@ku.edu) only when the volunteer is a non-KU student under 18 or when the volunteer is working with minors. Department may also send form to HRM if requesting a background check.

For Unit/Dept. Completion Only	Campus Unit Sponsoring Volunteer Services		
	Department Name		
	Department Contact Person		
	Department Contact Email & Phone#		
	Description of Volunteer Services		
	KU Supervisor Name		
	KU Supervisor Email & Phone #		
	Location of Volunteer (Bldg, Rm #)		
	Dates of Service	From	To
	Days/Hours of Service (From/To)		
	Volunteer will have contact with non-KU student minors	___ No ___ Yes – <i>Comply with Minor’s Policy. Background check required; send form to HRM.</i>	
	Background Check Requested?	___ No ___ Yes – <i>Send form to HRM hrdept@ku.edu</i>	
	Describe Benefit to KU		
Description of Required Training			
Description of Activities (Include description of those with whom volunteer has contact.)			
Volunteer Information - KU does not permit Volunteers age 14 and under.			
Volunteer Name		Volunteer Phone #	
If Non-KU Student Under 18, Date of Birth is Required		Parental Consent Completed & Attached if under 18	___ No ___ Yes
Volunteer E-Mail			
If Non-KU Student under 18, list all unit employees working with the Volunteer & send form to HRM hrdept@ku.edu			
If not a US Citizen or Permanent Resident, contact International Student Scholar Services and/or International Programs regarding eligibility conflicts if a current KU Student/Employee.			
Supervisory Certification Statement			
I understand that individuals who wish to donate their time and service for activities not defined as employment with KU must meet the criteria established by Human Resources Management, University policies, and federal/state law. I also understand that the Volunteer may not begin to provide services prior to Human Resource Management approval for all identified circumstances as highlighted above. I understand that I am responsible to hold volunteers accountable for compliance with those policies and regulations and for conducting themselves consistent with professional standards and for providing a safe environment and appropriate training for the volunteer.			
Authorizing Supervisory Signatures			
Name/Title Volunteer Supervisor		Date	
Name/Title Department Head		Date	
Volunteer Release of Liability and Waiver Claim			

I understand and acknowledge participation in this KU program is voluntary, and I will receive no compensation now or in the future for the services I perform in this role as a volunteer and have no expectation of paid employment subsequent to my volunteer services. I hereby authorize the University of Kansas to make inquiries into my background, and I agree to comply with the institution's background check policy prior to volunteer placement, if applicable.

As an authorized volunteer, I understand that I will be acting on behalf of the University of Kansas, and I will conduct my activities accordingly. I agree that I will follow all University policies in my role as a volunteer. I also understand that I may encounter or work with confidential information in connection with my activities as a volunteer. I agree to hold confidential all information to which I may have access and to not share it with any person outside of the scope of my volunteer services. If I disclose such information to unauthorized persons, I understand the University may immediately dismiss me from the volunteer program, and I may face additional legal consequences.

I understand that I may be exposed to or receive an illness, injury, or personal loss participating in this volunteer position. I further acknowledge and agree that I am aware of and will assume and accept any and all risks associated with and inherent in the activities and services I will be performing. I hereby release, waive, and discharge the State of Kansas and the University of Kansas, including their agencies, officers and employees, from any claims, liabilities, or causes of action for property damage or personal injury, whether caused by their negligence or otherwise, incurred while I participate in the volunteer program.

I have carefully read this release from liability agreement, and I fully understand its contents. I am aware that this is a release of liability and am signing this document of my own free will. I acknowledge that I have had the opportunity to review this document and to seek legal advice if I have any questions.

Signature of Volunteer

Date

Signature of Parent/Legal Guardian (if under 18)

Date