



## **Kennesaw State University Volunteer Program**

Kennesaw State University is self-insured through the Department of Administrative Services against state tort claims. This coverage is extended to KSU volunteers who are part of a structured program organized, controlled and directed by a Kennesaw State University Department for the purpose of carrying out the functions of the University. The liability coverage is for injuries and/or property damage volunteers may cause others while acting in the course of their official volunteer duties. Liability coverage does not apply when volunteers deviate from the course of their volunteer duties.

Kennesaw State University does not provide volunteers with any accident or medical insurance. Volunteers are not eligible or entitled to any employee benefits. Volunteers are not covered by worker's compensation laws in connection with their officially approved volunteer activities. If the volunteer activities involve the use of the volunteer's personal vehicle, no comprehensive or collision coverage would be provided to their personal vehicles.

Departments that wish to utilize volunteers for the purpose of carrying out the functions of their department must briefly describe what benefit the University derives from their volunteer program and complete the Volunteer Agreement Form. The Volunteer Agreement Form is to include signatures as required and acceptance of the responsibilities associated with this agreement. The volunteer agreement form will establish the guidelines and description of duties for the structured volunteer program.

The following forms are needed to be in compliance with the structured volunteer program:

1. The Kennesaw State University Volunteer Agreement form
2. The Kennesaw State University Volunteer Services Description form

Submit the volunteer agreement and description of duties forms via email to: [riskmanagement@kennesaw.edu](mailto:riskmanagement@kennesaw.edu). The approval will be sent to the Dean or Director.

If there are any questions regarding the structured volunteer agreement or additional information is needed, email [riskmanagement@kennesaw.edu](mailto:riskmanagement@kennesaw.edu)



### AGREEMENT FOR VOLUNTEER SERVICES

I, \_\_\_\_\_, agree to work as a volunteer in  
\_\_\_\_\_ at Kennesaw State University from  
\_\_\_\_\_ until \_\_\_\_\_.

\_\_\_\_\_ I agree that services are offered strictly on a volunteer basis. I understand that I will not be paid or compensated in any way for my services by KSU, nor will I be considered an employee of KSU for any purpose. I understand that I am not entitled to any worker's compensation.

\_\_\_\_\_ I agree that my participation in the activities outlined in the attached Description of Volunteer Duties (which is part of this agreement) is not in exchange for any consideration (i.e. payment, employment or the promise of either in the future).

\_\_\_\_\_ I understand that KSU is self-insured through the Department of Administrative Services against state tort claims. This coverage is provided for volunteers in programs organized, controlled and directed by KSU for the purposes of carrying out the functions of KSU. **I UNDERSTAND THAT COVERAGE DOES NOT APPLY WHEN I DEVIATE FROM THE COURSE OF MY VOLUNTEER DUTIES.**

\_\_\_\_\_ I release and hold harmless the Board of Regents of the University Systems of Georgia, Kennesaw State University, their members, employees, agents and authorized representatives from all losses, damages, costs, and expenses, claims, demands, rights and causes of action resulting from any personal injury, death, or damage to property arising out of my volunteer activities.

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Volunteer's Signature

Date

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Parent's Signature (If volunteer is a minor)

Date

Volunteer Initial Here: \_\_\_\_\_



## Volunteer Services Description

Department/Unit: \_\_\_\_\_

Full Name of Volunteer: \_\_\_\_\_

Volunteer's Responsible Supervisor: \_\_\_\_\_

Volunteer Services: From: \_\_\_\_\_ To: \_\_\_\_\_

Purpose for Volunteer Services:

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Scope of Volunteer's Work and Duties (per responsible supervisor):

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Department/Director Approval: \_\_\_\_\_

Date Approved: \_\_\_\_\_ Email & Phone: \_\_\_\_\_

Responsible Supervisor Signature: \_\_\_\_\_

Volunteer Signature: \_\_\_\_\_

Parent's Signature (if under 18): \_\_\_\_\_

Please maintain the original, signed copy of the *Agreement for Volunteer Service* and *Volunteer Services Description* forms on file with your Department/Unit. This form must be updated every year. Forward a complete copy of the Volunteer packet to the Office of Enterprise Risk Management via intercampus mail Mail Drop 3603 or via email [riskmanagement@kennesaw.edu](mailto:riskmanagement@kennesaw.edu)

Volunteer Initial Here: \_\_\_\_\_