



# Volunteer Registration Form

To be considered for a volunteer position with IPFW, please complete this form and present it with a valid photo ID to the Department/Organization Unit in which you are volunteering.

**Volunteers under age 18:** Please complete this form and have your parent or legal guardian sign it.

**Volunteers under age 15:** May only provide services under the direct supervision of their parent or legal guardian; the parent or legal guardian is subject to the volunteer process.

All volunteers are subject to a check of the Dru Sjodin National Sex Offender Public Website, the Indiana Sex and Violent Offender Registry, and/or any other national or state registry that may become available; I give permission to IPFW to complete these required checks. Anyone appearing on one or more registries is prohibited from providing volunteer services to the University.

Volunteers may not provide services to the University until they have received confirmation that they have been approved to do so.

Name of Volunteer \_\_\_\_\_  
(Last) (First) (Middle)

Home Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female  
(MM-DD-YYYY)

Telephone #: \_\_\_\_\_ E-mail address (optional): \_\_\_\_\_

Emergency Contact (Name/Phone/Relationship): \_\_\_\_\_

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Print Name of Volunteer and Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Print Name of Parent/Guardian and Date

### HR Use Only:

Documented on Volunteer Database

\_\_\_\_\_  
(Date Completed)

\_\_\_\_\_  
(Initials of Completer)

O:/HR/Employment/Volunteer/Volunteer Registration  
Form2012: Revised 8/8/12

### TO BE COMPLETED BY THE DEPARTMENT:

**Complete Org Unit Name & Unit #**  
Org Unit Name and #: \_\_\_\_\_

**Complete Registry/Website Check**  
Dru Sjodin National Sex Offender Public Website \_\_\_\_\_  
(Date Completed)

Indiana Sex and Violent Offender Registry \_\_\_\_\_  
(Date Completed)  
(Contact Human Resources if there is a match on the above website or registry)

**Complete Forms on Parent/Guardian if Volunteer is Under Age 15**

**Complete Photo I.D. Verification**  
I have examined the photo I.D. provided and certify that the photo I.D. was used to verify the volunteer's identity, and I have completed the Registry/Website Check.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

**Forward Completed Volunteer Registration Form and Volunteer Agreement to Human Resources**



# IPFW VOLUNTEER AGREEMENT

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

### TERMS OF AGREEMENT:

I am willing to accept the following terms in order to participate in IPFW's volunteer program:

1. I acknowledge that IPFW is committed to maintaining an environment that recognizes the inherent worth and dignity of every person. Harassment at IPFW is unacceptable conduct and will not be tolerated. \_\_\_\_\_  
(Initials)
2. I understand and consent to IPFW conducting a background check and motor vehicle records check (if applicable) per the University's policies and practices. \_\_\_\_\_  
(Initials)
3. I acknowledge and agree that I am undertaking the volunteer agreement for my own benefit and that my participation is without compensation.
4. I understand that I do not have a formal work appointment for those particular services; anything I create during my volunteer period shall belong to the University and I hereby assign all rights and interests in and to such creations to IPFW.
5. I understand that IPFW does not provide me with accident or medical insurance and is not responsible for any accidents or medical expense incurred by me. Further, I understand that I am neither covered by Workers' Compensation nor entitled to employee benefits as a result of my voluntary affiliation.
6. I agree to abide by the University's policies and practices while volunteering my services to IPFW.
7. I understand to not disclose or discuss any confidential information obtained from the University, either during or after my volunteer work with IPFW.
8. I understand that IPFW shall have the right to release me as a volunteer at its sole discretion and without prior notice. I understand the terms and conditions of this agreement are valid for the duration of my volunteer status as so determined by IPFW. This agreement may be modified by IPFW as it deems necessary and, if so modified, I will be provided with notice of such modifications.
9. I, on behalf of myself, my heirs, and my representatives do hereby release, waive, indemnify, and hold harmless IPFW or any of its officers, agents, or employees from any and all liability, damage, or claim of any nature that arises out of or is related to my volunteer activities.
10. **(Applicants 18 and older)** I am aware of the terms and conditions of this agreement and am signing this agreement of my own free will. By signing the agreement I attest to the fact that I am eighteen years of age or older and am able to perform the above-described volunteer services with or without reasonable accommodation.
11. **(Applicants under 18)** I am under eighteen years of age, my parent or legal guardian has reviewed this agreement, is aware of the terms and conditions of this agreement and is signing this agreement providing consent so that I may provide volunteer services to IPFW. **(Applicants under 15)** I am under fifteen years of age, my parent or legal guardian is providing consent and also is aware that I may only participate as a volunteer if under the direct supervision of my parent/legal guardian; the parent/legal guardian is subject to the volunteer process. My parent or legal guardian has reviewed the agreement, is aware of the terms and conditions of this agreement and is signing this agreement providing consent so that I may provide volunteer services to IPFW.

Please affirm your acceptance of the terms of this agreement stated above with your signature below, and please accept our sincere thanks for your valuable contributions to IPFW.

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

\_\_\_\_\_  
Print Volunteer Name and Date

\_\_\_\_\_  
Department (Witness) Signature

\_\_\_\_\_  
Print Department (Witness) Name and Date

\_\_\_\_\_  
Parent/Legal Guardian Signature (If Applicable)

\_\_\_\_\_  
Print Parent/Legal Guardian Name and Date