

Creighton University Volunteer Acknowledgement

University volunteers are individuals who perform mission driven service to others and support the activities of the University. The undersigned _____ (print name) (the “Volunteer”) and the mentor who provides oversight of the Volunteer in the Department of _____ must both sign this form.

Before the Volunteer can begin their service, the University’s Risk Manager must be informed of this arrangement in advance, by furnishing a copy of this form to Katie Booton at kbooton@creighton.edu.

1. The undersigned Volunteer wishes to perform the following tasks on a volunteer basis for Creighton:

(Describe the tasks the Volunteer will be performing) (the “Services”).

2. I will perform the Services approximately _____ hours per week. I will start on _____, 20__ and end on _____, 20__.
3. I acknowledge I am performing the Services voluntarily and freely and do not expect to be paid for performing the Services.
4. I do not have an existing employment relationship with the University related to the Services.
5. I understand I can stop performing the Services at any time and the Department can ask me to stop performing the Services at any time. I am not eligible for any University benefits, including but not limited to disability or workers’ compensation insurance, health insurance, or unemployment insurance.
6. I understand and acknowledge that all information with which I come in contact relating to student, patient, or employee files, paper or electronic, while volunteering for Creighton University, will be held in strict confidence. Accessing such information for personal use, allowing another person access, or divulging such information is cause for immediate termination of my Services. If I have any contact with patient health information, I understand that I will be required to take HIPAA training.
7. By signing this acknowledgment, I acknowledge I have my own health insurance and auto insurance or that I am covered under another policy that provides health

and auto coverage for me. If I do not have these kinds of insurance, I must indicate that fact on the space below:

8. If I am injured while I am performing Services, I understand my health insurance (not Creighton's workers compensation) will provide coverage for me.
9. If I drive my vehicle while performing Services, I understand my automobile liability insurance will provide primary insurance coverage for me.
10. I understand that everyone in the University community, including volunteers, is subject to all University policies, including those on safety and security; harassment and discrimination; and a tobacco-free campus.
11. Copies of these policies are available online at: <http://www2.creighton.edu/fileadmin/user/president/docs/Guide.pdf>. I am aware that I may need to familiarize myself with other policies of the Department, such as policies on confidentiality of records, safety procedures, and the like, and I will do so.
12. By signing below, I acknowledge that I have not been convicted of a felony.
13. I agree to complete the Laboratory Personnel Safety Check List.
14. I acknowledge that I have the immunizations listed at: http://www.creighton.edu/fileadmin/user/chc/docs/CU_ImmunizationRequirements.pdf

By signing this, I acknowledge I have read this Agreement, understand it, and agree to abide by these statements as a condition of my volunteer service at the University.

Signature of Volunteer

Date

Name (please type or print)

Address:

Phone Number _____

Emergency Contact Information:

Name: _____

Address: _____

Phone Number: _____

If Volunteer is under the age of 19, his/her parent/guardian must sign in the place indicated below.

I have read this Acknowledgement form and discussed with my child/ward. I acknowledge and agree with the statements that are included in the Acknowledgment form.

Signature of Parent/Guardian

I have discussed this Acknowledgement form with the Volunteer, and agree that the description of Services to be performed is accurate. To the extent that training will be involved before the Volunteer can begin volunteering, I will facilitate the Volunteer getting the training he/she needs.

Signature of Mentor/Supervisor: _____

Risk Management

Date Received

Date of last revision: 07/11