VOLUNTEER AGREEMENT AND RELEASE

Loy "Vo	ola University Maryland (the "University") and (name): (the lunteer"), of (home address):	
	, agree that the following terms shall apply:	
1.	This Volunteer assignment begins on (date): and is expected to continuthrough (date): The Volunteer's anticipated schedule is as follows:	ıe
2.	Either party, may terminate this agreement at any time for any reason immediately upon notice, oral or written, to the other party.	
3.	The Volunteer will perform services under the direction and control of the following University staff (name, title, dept.): The Volunteer will generally perfor the following services (the "Volunteer Activities"):	m

- 4. The Volunteer agrees to follow the directions of the staff assigned to oversee the Volunteer activities, and to abide by University policies and procedures while carrying out the Volunteer Activities and any other Volunteer services. The Volunteer acknowledges receipt of the University's Equal Employment Opportunity and Anti-Harassment and Anti-Discrimination Policy when signing this Agreement. The Volunteer also acknowledges receiving, reviewing, and agreeing to comply with the University's policies and procedures designed to mitigate the spread of COVID-19, and agrees to observe the University's social distancing, face covering, and other COVID-19related measures, including COVID-19 testing and symptom and temperature tracking.
- The Volunteer acknowledges that they are not an employee of the University as a result of 5. performing Volunteer services and are not entitled to receive salary, benefits, or other compensation in connection with performing Volunteer services. The Volunteer understands that they do not qualify for workers' compensation benefits and are expected to carry personal medical insurance to cover medical expenses for any injuries they incur while performing Volunteer services. The Volunteer also understands that they are not entitled to a job at the completion of their Volunteer work. The Volunteer is volunteering freely, voluntarily, and solely for charitable, religious, or other humanitarian reasons in support of the University's charitable and religious mission.
- Volunteer certifies that they are legally authorized to be present in the United States and to 6. participate in this Volunteer experience.
- 7. Volunteer acknowledges that this Volunteer position may require a criminal background screening and agrees to execute any documents necessary to complete such screening.

IN WITNESS WHEREOF, the parties have executed this Volunteer Agreement as of the date below.

Loyola University Maryland

Volunteer

Signature:

Name:

Name:

Title: Department Supervisor/Chair (circle one)

Date Signed:

Date Signed:

Volunteer must complete: Are you over the age of 18? □ Yes □ No

Witness Signature:

Witness Name Printed:

The parties agree that this Agreement and the accompanying "Volunteer Release Agreement" represent the entire agreement between the parties, and no other agreement, oral or written, exists.

NOTICE

8.

Volunteers under 18 years of age must have this agreement co-signed by their parent or guardian. Persons under 18 years of age are not subject to a background screening.

Parent/Guardian	
Signature:	Date:
Print Name:	
Address:	
Phone Number:	
Email Address:	

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RELEASE AGREEMENT

In consideration of the opportunity to serve as a volunteer and participate in the Volunteer Activities (as defined in the Volunteer Agreement), Volunteer hereby releases and holds harmless the University and its directors and officers, employees, agents, representatives, and affiliated entities from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury that may be sustained by Volunteer or to Volunteer's property as a result of Volunteer's participation in the Volunteer Activities.

Volunteer further understands and voluntarily assumes all dangers and risks inherent to Volunteer's participation in the Volunteer Activities, including the risk of minor or serious injury, including disability, death and/or economic losses which may result from Volunteer's actions or inactions, the negligence of others (including the University and its officers, employees, agents, and representatives), the inherent risks of the Volunteer Activities, or the condition of the premises or any equipment used. Volunteer fully understands, appreciates, and hereby assumes all such dangers and risks. Volunteer understands that the Volunteer Activities may require a minimum level of fitness for safe participation and acknowledges that it is Volunteer's sole responsibility to make certain that Volunteer is physically fit and healthy enough to participate in the Volunteer Activities.

I HAVE READ THE ABOVE RELEASE AGREEMENT, UNDERSTAND THAT I GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT VOLUNTARILY.

Volunteer Name:		
Date:	Are you over the age of 18?	□ Yes □ No
NOTICE		
Volunteers under 18 years of age must have this a Persons under 18 years of age are not subject to a		r guardian.
This is to certify that I, as parent/guardian with legagree to his/her release as provided above, and for agree to indemnify and hold harmless the Universichild's involvement as a Volunteer participating in THE NEGLIGENCE OF THE UNIVERSITY to the	r myself, my heirs, assigns, and next sity from any and all liabilities incide to the Volunteer Activities, EVEN IF	of kin, release and nt to my minor
Parent/Guardian		
Parent/Guardian Signature:	Date:	
Print Name:		
Address:		·
Phone Number:		

Volunteer Signature: