

Sample Scenario for Volunteer Process

In this scenario, you are Vincent van Gogh and you work for the VSU department “ART.” You need to get a volunteer (Claude Monet) approved to be a non-paid guest lecturer for a month as part of your department’s monthly de-stress series called “COVID and Art: How Waterlilies Can De-Stress Your Life Post COVID” for which you are the supervisor in charge. You are filling out the form on 07/01/2022 and the program will run for the month of December (12/01/2022-12/31/2022). All the sections that you fill out are highlighted on the sample form so you can see where you would enter the information.

For the Volunteer Form:

For this form, you will need to complete Numbers 2, 3, 7, and 9 as well as the bottom portion (the rest of the form is for information purposes).

- **Number 2**-Fill in the name of the operating group (ART department).
- **Number 3**-This number refers to the description of volunteer duties that needs to be attached to the volunteer form (see below for how to list the duties).
- **Number 7**-Leave this blank as this spot is for any additional duties that would be considered risks that would need to be specifically addressed and there are no risks for this de-stress series.
- **Number 9**-Select **No** since this class does not involve any minors who are not categorized as VSU students.
- **Bottom Section**-List the below information:
 - The volunteer agreement dates (12/01/2022-12/31/2022)
 - The program name (ART department)
 - The program phone number (111-222-3333)
 - The program supervisor’s name (Vincent van Gogh)
 - The volunteer’s (Claude Monet) information (legal name, address, phone number, and e-mail).
 - *The e-mail on this form is the e-mail used for the background check if one is needed, so please make sure it is correct.*
 - The volunteer is not a minor, so the parent’s signature section can be left blank as it does not apply.
 - Both you the program supervisor and the volunteer will sign the form (which is a legal contract).

You will then submit this form (along with the description of duties-see below for how to list) to Human Resources via e-mail (you send the form as a pdf attachment and put the description in the body of the e-mail).

For the Description of Volunteer Duties:

This is turned in with the volunteer form and is a brief description of what the volunteer will be doing for the program. It can either be a separate piece of paper or it can be in the e-mail body when the form is turned into HR. (*If an event is 100% virtual please note that in the description of duties as it affects the background check requirements.*)

In this scenario, you list the below description in the body of your submission e-mail:

Claude Monet will volunteer for the ART department to be a guest speaker for the department’s monthly de-stress series called “COVID and Art: How Waterlilies Can De-Stress Your Life Post COVID” from 12/01/2022 to 12/31/2022.



Valdosta State University Structured Volunteer Agreement

1. Thank you for agreeing to volunteer your services to Valdosta State University (VSU). Please affirm your acceptance of the terms of this agreement, stated below, with your signature.
2. I agree to serve as a volunteer with VSU and the ART Department _____ (insert name of Operating Group).
3. 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 (e.g., pay, benefits, and the promise of future employment). I acknowledge that, in exchange for my service as a volunteer, I have neither been promised any consideration nor do I expect to receive any consideration.
4. I understand that I will not be enrolled as a student at VSU, and that no academic credit will be granted by VSU.
5. I agree that, as a volunteer, I will not be a VSU employee. I understand and agree that VSU and I both have the right to end my volunteer relationship with VSU at any time, for any reason, and without advance notice. I further affirm that no apparent or potential conflicts of interests are present.
6. I understand that as a volunteer, I will not be entitled to any employee benefits. I understand that VSU will not provide me with accident or medical insurance, and is therefore not responsible for any accident or medical expenses that I incur in the course of volunteering. I also understand that I am not covered by workers' compensation laws in connection with my volunteer affiliation.
7. I understand that my participation as a volunteer may involve certain risks which have been explained to me, including but not limited to _____. Under Georgia law, there is no liability for an injury or death of an individual entering these premises if such injury or death results from the inherent risks of contracting COVID-19. You are assuming this risk by entering these premises.
I voluntarily accept these risks. I release and hold harmless the Board of Regents of the University System of Georgia, Valdosta 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.
8. I agree to abide by all applicable rules and regulations of the University System of Georgia and any of the department or units where I engage in volunteer activities. I also agree not to disclose any confidential information including but not limited to records, research subjects, unpublished research data, and other confidential information of which I may learn in the course of my volunteer service.
9. I further understand and agree that I will be required to submit to a background check for any volunteer services involving direct contact with students or with non-VSU student minors or when serving as a representative of VSU. Will the volunteer services be involved with minors who are not categorized as VSU students? Yes No
If "Yes," then it is mandatory that the department contact Minors on Campus.

This agreement is valid from 12/01/2022 to 12/31/2022 (no greater than two years).

Program Name ART Department Phone 111-222-3333 

Program Supervisor's Name Vincent van Gogh Signature 

Volunteer's Name Claude Monet Signature 

Volunteer's Address 123 Impressionist Lane Valdosta, GA 31698

Phone 123-456-7891 Email claude.monet@gmail.com Date 07/01/2022

*Parent's Signature (if under 18) Date _____

For Human Resources Only: Date Approved _____ Signature

DEPARTMENT of HUMAN RESOURCES & EMPLOYEE DEVELOPMENT

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