

VOLUNTEER
AGREEMENT

SECTION I VOLUNTEER INFORMATION

Name:	
Address:	
Phone Number:	
In case of emergency, please contact: <i>Name of relationship and phone number</i>	

As a volunteer, I agree to abide by all applicable rules and regulation of the NSHE and guidelines of this department and to fulfill the volunteer responsibilities to the best of my ability. I understand that I will receive no monetary benefits in return for the volunteer service I provide and that the University may terminate this agreement at any time without prior notice.

INDEMNIFICATION: To the fullest extent permitted by law, the NSHE and shall indemnify, hold harmless and defend the volunteer, as if as an employee of the NSHE within the scope and meaning of NRS 41.0339, from and against all liability, claims, actions, damages, losses, and expenses, including

document if the act or omission on

which such liability, claims, actions, damages, losses, and expenses are based appears to be within the course and scope of the public duty assumed by the volunteer, appears to have been performed or omitted in good faith, was done under the control and direct supervision of the NSHE in the furtherance of the

coverage in accordance with NRS 616A.130 while engaged in the performance of those services set forth

STATE OWNERSHIP OF PROPRIETARY INFORMATION: Any reports, histories, studies, tests, manuals, instructions, photographs, negatives, blue prints, plans, maps, data, system designs, computer code, or any other documents and drawings, prepared or in the course of preparation by the volunteer

statement shall be the exclusive property of the NSHE and all such materials shall be remitted to NSHE by the volunteer upon completion, termination, or cancellation of service. A volunteer shall not use, willingly allow, or cause to have such materials used for any purpose other then performance of the

CONFIDENTIALITY: A volunteer shall keep all information confidential, in whatever form, produced, prepared, observed or received by the volunteer to the extent that such information is confidential by law.

_____ I have read a copy of the volunteer assignment description form and I ascertain that I am physically able to complete the tasks listed.

_____ I have read a copy of the volunteer assignment description form and I request the following accommodation(s) to complete these tasks:

As the parent/guardian of _____, I grant my permission for him/her to participate as an unpaid volunteer for the NSHE. I further acknowledge that I have completed the Authorization for Treatment form on his/her behalf

Parent/Guardian Signature (print name and signature and date):

**SECTION II TO BE COMPLETED BY THE SUPERVISOR/DEPARTMENT
VOLUNTEER CONTACT**

Department where the volunteer will work:	
Department Account number:	