



## The University of Georgia Volunteer Agreement

Thank you for agreeing to volunteer your services to the University of Georgia (UGA) through the University of Georgia Libraries. Please affirm your acceptance of the terms of this agreement, stated below, with your signature.

1. I agree to serve as a volunteer with UGA and the University of Georgia Libraries.
2. 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, 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.
3. I agree that, as a volunteer, I will not be a UGA employee. I understand and agree that UGA and I both have the right to end my volunteer relationship with UGA at any time, for any reason, and without advance notice.
4. I understand that as a volunteer, I will not be entitled to any employee benefits. I understand that UGA 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.
5. I understand that my participation as a volunteer may involve certain risks which have been explained to me, including but not limited to

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I voluntarily accept these risks. I release and hold harmless the Board of Regents of the University System of Georgia, the University of Georgia, the UGA Libraries, 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.

6. I agree to abide by all applicable rules and regulations of UGA and any of the department or units where I engage in volunteer activities. I acknowledge and agree that any intellectual property I may create in the course of my activities at UGA shall be the property of UGA.

Volunteer's Signature \_\_\_\_\_ Date \_\_\_\_\_

Volunteer's Printed Name \_\_\_\_\_ Phone \_\_\_\_\_

\*Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

(If the volunteer is a minor, i.e., under 18 years old)

Witness's Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness's Printed Name \_\_\_\_\_