



## **UGA Libraries Volunteer & Unpaid Intern Policy & Procedures**

The University of Georgia Libraries may on occasion use volunteers or unpaid interns to perform services for the Libraries. Since they are unpaid they are not officially affiliated with the University of Georgia or the Libraries. In general, volunteers and interns will perform special projects or work for the UGA Libraries that may not be accomplished otherwise. Volunteers should not be used to replace a compensated staff member but to supplement staffing on occasion.

Individuals must meet the following criteria to be considered a volunteer the UGA Libraries:

1. The individual must be 18 years of age or older.
2. The individual is not paid to perform the service.
3. The individual can be a former University or UGA Libraries employee who has voluntarily resigned or retired from his/her position.

The following guidelines apply to volunteers:

1. The service is normally short-term in nature and project-oriented.
2. Volunteers must work under the supervision of a UGA Libraries' staff member.
3. Volunteers may not supervise other employees.
4. Volunteers should not be in staff work areas outside of their volunteer work hours.
5. Supplies or equipment will not be purchased for volunteers except under very specific circumstances.
6. Volunteers will not be issued any type of University identification.
7. Volunteers will not be issued any keys.
8. Volunteers are not eligible for any University benefits or discounts provided to UGA employees.
9. Volunteers must make their own parking arrangements, i.e., pay for their own daily parking passes, etc.
10. The department sponsoring a volunteer is responsible for providing adequate workspace, needed equipment, and appropriate training on that equipment in order to reduce the risk of injuries.
11. The department sponsoring a volunteer is responsible for determining the volunteers needed level of access to Libraries systems and for seeking approval from the Systems department for that access.
12. Volunteers may not be granted any type of authority over financial accounts or library funds of any type.
13. Volunteers are not covered by Workers' Compensation insurance.
14. The UGA Libraries, at their sole discretion, may end a volunteer's services at any time; a volunteer may end their service to the UGA Libraries at any time.

The following procedures must be completed:

1. Complete the UGA Libraries Volunteer Request Form and the UGA Insurance & Claims Management Volunteer Agreement (attached). An example of the UGA volunteer agreement can be found at G:\UGALibs\Volunteers. The volunteer, department and Libraries administration should fully understand the nature of the volunteer's work. Changes to the duties performed or the dates of the volunteer's service will necessitate the completion and approval of an updated UGA Libraries Volunteer Request form.
2. Obtain supervisor and department head review and approval.
3. Forward the UGA Libraries Volunteer Request form **and** UGA Insurance & Claims Management Volunteer Agreement to the Libraries Human Resources Department for final determination of eligibility.
4. The Libraries HR Department will obtain the approval of the University Librarian and the UGA Insurance & Claims Management Division. Upon approval the Libraries HR Department will notify department that the volunteer or unpaid intern may begin their duties.

Contact the UGA Libraries HR Department at 706-542-2716 or [libjobs@uga.edu](mailto:libjobs@uga.edu) if you have questions.



**University Libraries**  
**UNIVERSITY OF GEORGIA**

**University of Georgia Libraries Volunteer or Unpaid Intern Request Form**

**Volunteer or Unpaid Intern Information**

\_\_\_\_\_  
Name (First) (MI) (Last)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Home Phone Work Phone Email address

Do you work for UGA or UGA Libraries at the current time? Yes  No

Have you worked for UGA or UGA Libraries in the past? Yes  No

If yes, indicate dates of employment \_\_\_\_\_

If yes, indicate reason for leaving \_\_\_\_\_

**Emergency Contact Information**

\_\_\_\_\_  
Name Relationship

\_\_\_\_\_  
Phone Email

**Department Information**

\_\_\_\_\_  
Department Name Supervisor of Volunteer Department Head

\_\_\_\_\_  
Start Date End Date\*

\_\_\_\_\_  
Work Location Proposed Work Hours

**UGA Insurance & Claims Management Volunteer Agreement attached.**

**Review & Approval**

\_\_\_\_\_  
Department Head Signature Date

\_\_\_\_\_  
HR Manager Signature Date

\_\_\_\_\_  
University Librarian and Associate Provost Signature Date

**Return completed form to:**  
UGA Libraries  
Human Resources Department  
Main Library - Room 222

*\*Substantive changes to the duties, schedule or work hours for this position will necessitate the completion and approval of an updated Volunteer Request form.*



## Insurance & Claims Management

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**UNIVERSITY OF GEORGIA**

### **Volunteer Agreement Insuring Volunteers at UGA**

The University of Georgia is self-insured through Risk Management Services against state tort claims. This coverage is extended to UGA volunteers who are part of a structured program organized, controlled and directed by a University of Georgia Department for the purpose of carrying out the functions of the University. The liability coverage is for injuries and/or property damage volunteers may cause others while acting in the course of their official volunteer duties. Liability coverage does not apply when volunteers deviate from the course of their volunteer duties.

Volunteers are not entitled to any employee benefits, and UGA does not provide volunteers with accident or medical insurance. Volunteers are not covered by workers' compensation laws in connection with their volunteer affiliation. If their volunteer duties require utilization of their personal vehicles, UGA does not provide comprehensive or collision insurance for their personal vehicle.

It is recommended that departments utilizing volunteers for the purpose of carrying out the functions of their department briefly describe what benefit the University derives from their volunteer program and complete the volunteer agreement form. The volunteer agreement will establish the guidelines and description of duties for the structured volunteer program.

#### **Instructions for completing page 1, the volunteer agreement:**

- Print Department Name under item 1
- Add potential risk exposure under item 6, attach additional page, if necessary.
- Obtain a signature from the volunteer; include the date when the volunteer signed the form; print the name of the volunteer and include the volunteer's telephone number.
- Obtain a Dean or Director signature; include the date when the Dean or Director signed the form; print the name of the Dean or Director.

#### **Instructions for completing page 2, the description of duties and duration of volunteer program:**

- Include a complete description of volunteer duties along with the duration of the program; attach additional page(s), if necessary.
- If duties include driving, please contact Human Resources to have a Motor Vehicle Record checked for each volunteer.

In a cover letter or email, briefly describe the benefits that the University will derive from the volunteer program.

Submit the description of benefits, volunteer agreement, and description of duties via email to [vsilcott@uga.edu](mailto:vsilcott@uga.edu) or by mail to:

Vance Silcott  
Insurance & Claims Management  
Hodgson Oil Building - Suite 200 South  
286 Oconee Street  
Athens, GA 30602

Acknowledgement of receipt of the appropriate documents will be emailed to the Dean or Director unless otherwise noted.

If you have questions regarding the volunteer form or need additional information, please call or email Vance Silcott at 706-425-3083 or [vsilcott@uga.edu](mailto:vsilcott@uga.edu)



# Insurance & Claims Management

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**UNIVERSITY OF GEORGIA**

## Volunteer Agreement

Thank you for agreeing to volunteer your services to the University of Georgia (UGA). 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 in \_\_\_\_\_  
Print Department Name
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 acting as a UGA employee or student. 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 UGA is self-insured through the Department of Administrative Services against state tort claims. This coverage is provided for volunteers in programs organized, controlled and directed by UGA for the purpose of carrying out the functions of UGA. I UNDERSTAND THAT COVERAGE DOES NOT APPLY WHEN I DEVIATE FROM THE COURSE OF MY VOLUNTEER DUTIES.
5. 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. If I utilize my personal vehicle, I understand that UGA does not provide comprehensive or collision insurance for my personal vehicle.
6. I understand that, my participation as a volunteer may involve certain risks which have been explained to me, including but not limited to: \_\_\_\_\_  
In addition, I understand that I may be exposed to other risks which may not be foreseeable. I voluntarily accept these risks.
7. 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 also agree not to disclose any confidential information concerning patients, research subjects, unpublished research data, and other confidential information of which I may learn in the course of my volunteer service. 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 \_\_\_\_\_ Volunteer's Phone # \_\_\_\_\_

Volunteer's Address \_\_\_\_\_

Dean or Director Signature \_\_\_\_\_ Date \_\_\_\_\_

Dean or Director Printed Name \_\_\_\_\_

## **The University of Georgia Volunteer Agreement**

**Briefly describe the function of the department that will be carried out by the volunteer under the organization, control and direction of the department.**

**Description of Volunteer Duties**

**If known, duration of Volunteer Program:** \_\_\_\_\_

Documents may be submitted via email to [vsilcott@uga.edu](mailto:vsilcott@uga.edu) or by mail to:

Vance Silcott  
Insurance & Claims Management  
Hodgson Oil Building - Suite 200 South  
286 Oconee Street  
Athens, GA 30602