

Volunteer Registration Form and Agreement

Volunteer's Name (Please Print): _____

Phone: _____ Mailing Address: _____

Dates of Service: _____ to _____

Emergency Contact Name/Phone: _____

Sponsoring Department: _____ Supervisor of Volunteer: _____

Description of Volunteer Duties: _____

Location where Volunteer will Perform Duties: _____

As a Volunteer, I understand and agree to the following:

1. I am volunteering to perform the volunteer duties identified above solely for my personal benefit without promise or expectation of compensation, benefits, academic credit, or future employment from Abraham Baldwin Agricultural College. 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, except as indicated in Paragraph 8.
2. I understand that the University and/or I may end my volunteer services at any time without further obligation one to the other, and for any reason, and without advance notice. I understand and agree that as a volunteer, I will not be acting as a University employee or student.
3. I will familiarize myself with and abide by all University policies, including those regarding conduct, confidentiality, safety and welfare. I agree to abide by all applicable rules and regulations of the University and any of the departments or units where I engage in volunteer activities.
4. I agree to perform my volunteer duties under the direction and control of the authorized University official identified above or such other authorized University official as is later designated to supervise my volunteer work.
5. I agree to cooperate with any screening and background checks required by the University prior to my performance of any volunteer duties.
6. I understand that volunteers are not covered by workers' compensation insurance for injuries or illness resulting from their volunteer activities, and are strongly encouraged to obtain their own medical insurance before participating in this structured volunteer program. I understand that the University will not provide me with accident or medical insurance, and is not responsible for any accident or medical expenses that I incur in the course of volunteering.
7. I understand that my participation as a volunteer may involve certain risks that have been explained to me, including, but not limited to, _____

- _____ I voluntarily accept these risks.
8. I further understand that during the volunteer period designated above, I agree to serve as a volunteer with Abraham Baldwin Agricultural College by participating in the structured volunteer program organized,

controlled, and directed by Abraham Baldwin Agricultural College as described in the description of duties above, which are for the sole purpose of carrying out the functions of Abraham Baldwin Agricultural College. In consideration for my service as a volunteer, Abraham Baldwin Agricultural College agrees that I am a “state officer or employee” solely for the purpose of O.C.G.A. § 50-21-20 et seq. (Georgia Tort Claims Act) as long as I act within the scope of service set forth in this Agreement.

9. If my Volunteer Duties involve assisting with research:
 - a. I understand and agree that federal laws regulating the export of technologies may prohibit assistance by international individuals on certain types of research projects. I understand that all University and other required approvals must be secured prior to conducting research activities and I agree to abide by all policies and procedures governing such activities. If I assist with research funded by a third-party sponsor, I agree to abide by the terms of the sponsorship agreement. Further, I agree to be bound by any written nondisclosure or confidential disclosure agreement governing confidential information to which I may have access in the course of my research activities at the University.
 - b. I pledge to disclose any intellectual property developed as a result of my research activities at the University. If valuable intellectual property is created as a result of the research with which I assist at the University, then ownership of such intellectual property shall be determined by University policy and federal law regarding inventorship and authorship.
 - c. I 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.
10. My performance of the Volunteer Duties is purely voluntary, and I agree to assume all risks associated therewith. I do hereby release, waive, discharge and covenant not to sue Abraham Baldwin Agricultural College and the Board of Regents of the University System of Georgia their members individually and their officers, directors, agents, trustees, board members, employees, volunteers, contractors, representatives, successors, and assigns, individually and in any capacity (collectively, the “University”) from all liability, loss, damage, costs, expenses, or claims resulting from or in connection with my volunteer status or duties, including personal injury, death, or damage to property arising out of my volunteer activities. I also agree to indemnify and hold the University harmless from all claims, demands, causes of action, actions, judgments, or other liability, including reasonable attorneys’ fees arising out of, resulting from, or in connection with my volunteer status or duties.
11. I hereby grant and convey unto ABAC all rights, title, and interest in any and all photographic images and video or audio recordings made by ABAC during the Volunteer's work, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

Volunteer Signature: _____ Date: _____

Approved by: _____ Date: _____

Signature Date Head of Sponsoring Department