

University of Idaho - Volunteer Position Description – as of 8/29/16

This form documents the duties of an authorized volunteer. The form should be completed by a university employee normally authorized to recruit and offer employment (i.e., program director, department chair). The university intends to offer general liability for claims which arise from actions performed on behalf of the university by its volunteers. If volunteers are authorized to drive a vehicle titled to the university, the university intends to offer auto coverage for claims arising from the operation of university owned vehicles. **The university DOES NOT COVER injuries to the volunteers themselves or to the personal vehicles of the volunteers.** Volunteers should use their personal medical benefits and personal auto coverage for injuries to themselves and to their personal autos. **Volunteers are NOT COVERED for Workers Compensation coverage.** For additional information, see APM 05.11. (Revised 8/29/16)

Information from University of Idaho				
UI COLLEGE & UNIT:				
UI UNIT contact name:				
UI UNIT contact direct phone:				
UI UNIT SUPERVISOR to whom volunteer will report: (must be UI employee)				
Supervisor's phone:				
Supervisor's email:				
Dates of service	FROM:	TO:		
Hours of service PER WEEK				
UI OWNED VEHICLE INFORMATION				
Will the volunteer be driving a university-owned vehicle while performing volunteer duties?		Yes:		No:
Volunteers driving university-owned vehicles must become a qualified driver under APM 05.08. It is the responsibility of the unit to qualify the volunteer as a driver.				
POSITION DESCRIPTION				
Authorizing University signature:				
Print Name:				
Date:				
Information about volunteer				
VOLUNTEER NAME (Print:)				
Home address:				
Volunteer phone or cell:				
Volunteer email:				
Emergency contact name:				
Emergency contact phone:				
I understand the University of Idaho does not provide coverage for any injuries that occur to me while I am volunteering on behalf of the University of Idaho. As a volunteer, I am not eligible for Workers Compensation. If I use my own vehicle or personal property on behalf of the University of Idaho, I understand that the University of Idaho will not cover any damages to my own vehicle or personal property.				
Volunteer's signature:				
Volunteer's printed name:				
Date:				