

**Iowa State University**  
**Adopt a Campus – Keep Iowa State Beautiful**  
**Volunteer Service Agreement**

**VOLUNTEER NAME** \_\_\_\_\_  
(please print)

We are pleased that you have decided to volunteer your services to Iowa State University (herein after referred to as "ISU"). Please affirm your acceptance of the terms of this agreement, stated below, with your signature. Also, please accept our sincere thanks for your valuable contribution to Iowa State University.

- 1) I agree that, as a university volunteer, my participation in the activities outlined in this agreement under Description of Volunteer Service is without monetary consideration.
- 2) I understand that the university shall have the right to release me as a university volunteer without prior notice. I understand that I do not have a formal work appointment for those particular services.
- 3) **I understand that, as a university volunteer, ISU does not provide me with accident or medical insurance, and is, therefore, not responsible for any accident or medical expenses incurred by me. Further, I understand that I am neither covered by Workers' Compensation nor entitled to employee benefits as a result of my university volunteer affiliation.**
- 4) I understand that I cannot participate as a volunteer if I have been convicted of sexual abuse or any other criminal offense for which an individual must register under Iowa Code Chapter 692A, and that these type of criminal offenses prohibit me from being eligible to serve in an employment or volunteer capacity for Iowa State University.
- 5) I understand that I have no authority to enter into a contract or make a financial commitment on behalf of the university.
- 6) I am aware of the terms and conditions of this agreement and am signing this agreement of my own free will. Further, by signing this agreement I attest to the fact that I am eighteen years of age or older.

I also understand that volunteers for the University are provided personal liability protection by the Iowa Tort Claims Act, Iowa Code Chapter 669, and the Federal Volunteer Protection Act, 42 United States Code Chapter 139 while acting within the scope of their volunteer duties and responsibilities. The State will defend, indemnify, and hold volunteers for the University harmless against a tort claim caused by an act or omission of the volunteer unless the act or omission of the volunteer involved intentional or criminal misconduct, a knowing violation of the law, or a transaction from which the volunteer derives an improper personal benefit.

**DESCRIPTION OF VOLUNTEER SERVICE:**

Iowa State University Adopt a Campus volunteer projects involve outdoor conditions. It is possible that your involvement could result in personal injury or a medical problem such as exposure to poisonous plants, insects, sharp objects, and uneven landscape. An Iowa State University Adopt a Campus volunteer project leader will provide you with appropriate training to alert you to these possible dangers and outdoor activity conditions and will demonstrate how to use any tools. You will be provided with gloves to protect your hands against minor cuts and bruises.

**HEALTH CONDITION OF THE PARTICIPANT:**

Participants must be healthy and reasonably fit to safely participate in outdoor activities. By signing this Volunteer Service Agreement, I agree:

- That I have the physical fitness and ability to participate safely in the specified activity and will participate within my ability and skill level.
- That I must supply my own health insurance and will bear all financial responsibility for any medical treatment arising from participation in volunteer activities.

**PERMISSION-USE OF PHOTOGRAPHS:**

I grant permission for Iowa State University to use photographs, film, and/or videos of me for promotional or other uses either associated with the project or sponsoring organizations, including use on an organizational website(s).

**TRANSPORTATION:**

I understand that personally owned automobiles used in conjunction with this activity are not insured by the University for liability or property damage. I understand that I am required to carry auto liability insurance as required by the State of Iowa

**PARTICIPATION OF MINORS:**

Volunteers under the age of 18 must be under the direct supervision of a parent or guardian at all times.

**Volunteer's Name (please print)** \_\_\_\_\_

**Volunteer's Signature of Agreement** \_\_\_\_\_ **Date** \_\_\_\_\_

**Are you (volunteer) under the age of 18?** \_\_\_\_\_ **\*Yes** \_\_\_\_\_ **No**

**\*If yes, Parent/Legal Guardian's Name (please print)** \_\_\_\_\_

*By signing this volunteer agreement, I state that I have read and understand the conditions set forth and I give permission for my child to volunteer.*

**Parent/Legal Guardian's Signature** \_\_\_\_\_

**Department/Unit Head's Name (please print):** \_\_\_\_\_

**Department/Unit Head's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

<p><b>EMERGENCY CONTACT INFORMATION – In case of an emergency, please contact:</b></p> <p><b>Name (please print)</b> _____</p> <p><b>Telephone Number(s)</b> _____</p> <p><b>Relationship</b> _____</p>
---

**Distribution:** Original retained by department/unit; Copy to Office of Risk Management, please scan and send to orm@iastate.edu