



## Insurance & Claims Management

*Finance & Administration*

**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)



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## 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:

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