COPPIN STATE UNIVERSITY
Volunteer Acknowledgement

General Release From Liability

In consideration of my participation in the Coppin State University Volunteer Program, I do hereby release, and forever hold harmless, Coppin State University, the University System of Maryland, and all its employees in connection with the volunteer program, from any and all claims, demands, damages, actions, liability, or suits at law or in equity, for personal injury, whether physical or mental, property damage, medical, dental or hospital expenses or any other expenses of whatever kind, including death, which I may have had, now have, or may hereafter have, in any manner connected with, arising from or growing out of my participation in said program.

I acknowledge and sign this Release knowingly and intelligently, and with full and complete knowledge of the purpose of the volunteer program and without any form of duress and/or intimidation whatsoever on the part of Coppin State University.

_____ _____
Volunteer Signature Date

_____ _____
Printed Name Date

_____ _____
Witness Signature Date

CSU: 03/08

COPPIN STATE UNIVERSITY

Volunteer Agreement

General Provisions

In consideration of Coppin State University ("CSU") accepting an individual to volunteer in any capacity, the volunteer agrees to abide by all policies and program regulations. CSU is not responsible for any activity engaged in or responsibility assumed by the volunteer other than those specified in this appointment agreement and the accompanying position description. Any involvement other than those mentioned above will be taken at the personal risk of the volunteer. This agreement will terminate one year from the date of signing or sooner if either party elects to terminate the agreement earlier for any reason. Successful completion of a background check is required of CSU volunteers.

Confidentiality

It is understood that in the performance of duties, the CSU volunteer may have access to certain sensitive information about other individuals. Such information may include medical insurance, financial and/or other personal and confidential data. The CSU volunteer agrees to restrict the use of such information to the performance of duties described in the position and this appointment agreement and understands that there is to be no discussion of any individual information except when in direct contact with the appropriate individuals involved or the supervisor. It is further understood that any use of confidential information outside the scope of duties places the volunteer at risk for personal liability.

Conflict of Interest

Volunteers should not promote private or personal interests in conjunction with the performance of duties and shall not attempt to solicit employees or to use confidential information for personal advantage or gain. The volunteer must exercise good faith and integrity in all dealings with CSU.

No employer-employee relationship is created by this agreement; however, we acknowledge that the volunteer may be covered under the Maryland Tort Claims Act in specific situations. It is advisable to obtain personal insurance for further protection. Participation as a CSU volunteer is open to all persons without regard to race, religion, sexual orientation, gender, disability or national origin.

Volunteer Acceptance Statement

I accept the terms stated above and will strive to fulfill the responsibilities outlined in this agreement. If there are problems with my responsibilities, I will advise my supervisor immediately. I understand that I will not be paid for my services, nor will I be eligible to receive any reimbursement for expenses incurred in transportation to and from the volunteer assignment. I am also aware that I will not be eligible for any preference for future employment based upon my volunteer service.

_____ _____
Volunteer Signature Date

_____ _____
Printed Name Date

_____ _____
Volunteer Coordinator/Supervisor Signature Date

CSU: 03/08

COPPIN STATE UNIVERSITY

Department Volunteer List

Please provide the requested information for each volunteer that assist your office:

Name	Duties Performed	Supervisor

☐ We do not have any volunteers at this time. We will contact the Office of Human Resources at least 3 days prior to utilizing the services of a volunteer.

_____ _____
Manager/Supervisor Signature Date

_____ _____
Printed Name Office Phone Number

_____ _____
Vice President/Dean Date

Please ensure volunteers complete the following documents:

1. Volunteer Information Form
2. Volunteer Agreement
3. **Volunteer Acknowledgement**
4.

COPPIN STATE UNIVERSITY

VOLUNTEER INFORMATION SHEET

Office of Human Resources, 2500 West North Avenue
Baltimore, MD 21216-3698
(O) 410-951-3666 (F) 410-951-3667

Department of Volunteer Opportunity: _____ Expected Start Date:_____

Type of Volunteer Activity:_____
(Ex: Aid, Clerk, Tutor)

Name: _____
(Last) *(First)* *(Middle)* *(Previous)*

Address _____
(Street) *(City)* *(State)* *(Zip)*

Home Phone: (____)_____ **Other Phone:** (____)_____

Were you ever employed by CSU, USM or another State agency? ☐ Yes ☐ No

If yes, list agencies, departments and dates employed: _____

Were you ever terminated from CSU? ☐ Yes ☐ No

Describe any special training skills with non-office machinery or other skills pertinent to the job for which you are applying.
_____

Education	School Name and Address	Dates Attended	Type of Degree or Certification
High School or Grade School	Name: Street, City, State:		
College/ University	Name: Street, City, State:		
Grad School	Name Street, City, State		
Vocational/ Business School or Other	Name Street, City, State		

Have you received a high school equivalency certificate? Yes, Name of State _____ No _____

If the position for which you are applying requires a license, including driver's license, certification or other authorization to practice a trade or profession, complete the following section:

Type and/or Class	License Number	Expiration Date	Issuing Authority	State

Have you ever been convicted of any violation of law (civil or military) other than minor traffic violations? ☐ Yes ☐ No
This information will be verified. A record of conviction does not necessarily bar employment. If yes, list date(s), place(s), charge(s) and disposition(s)._____

_____

Successful completion of a background check is required of CSU volunteers.

I hereby affirm that this volunteer information sheet contains no willful misrepresentation and that this information given by me is true and complete to the best of my knowledge and belief.

_____
(Date) (Signature)