

Volunteer Application

Applicant Information			
Name:	Phone:	Daytime Phone:	
Current address:	City:	Zip code:	State:
Is the volunteer 18 years or older? (circle one) Yes or No			
If under 18, will the volunteer be exposed to Research and Clinical Laboratories? If yes, describe nature of exposure. (Minors under the age of 18 are prohibited from working with BSL-2 Agents, radioactive material, acutely toxic agents or chemicals deemed hazardous by Environmental Health, Safety and Risk Management.)			
Is the volunteer currently a student:	If UTRGV, please provide Student ID #:		
Is the volunteer currently employed?	If yes, name of the employer:		
If UTRGV, please provide UTRGV EID #:	Is the volunteer a national foreign employee? Yes or No		
If yes, do you they have clearance from HR- Immigration services?			
Service information			
Anticipated length of volunteer service:	Start date:	End date:	
Anticipated hours per week:			
Location: (circle one) Brownsville Edinburg Harlingen	If different, please provide location:		
Sponsoring UTRGV Department:			
Sponsoring Manager Name:	Sponsoring Manager Title:		
Relationship to Sponsoring Manager:			
If other, please explain:			
Describe the volunteer activity:			

Will the volunteer be exposed to hazardous materials or conditions? (i.e., blood, chemicals, industrial tools, extreme temperatures, sharp objects, stored energy, etc.) If yes, please explain:

Emergency Contact

Name:	Relationship:	Phone:
Name:	Relationship:	Phone:

Education

School Name	Location	Enrollment Status	Degree Received

Reference(s)

Name	Phone #	Email	Relationship

Signature of Requestor

Date

I certify to the best of my knowledge that the information in this application is complete and accurate

Release and Indemnification Agreement for Volunteers

I, _____ the above named applicant, am 18 years of age, or older and am voluntarily performing service for the Institution of my own free will and without any promise of remuneration, compensation, or benefits, including insurance. If under 18 years of age, I have obtained parental consent. I acknowledge that within the course and scope of my activities as a volunteer, I may be exposed to hazards or risks that may result in my illness, personal injury, or death and I understand and appreciate the nature of such hazards and risks.

In consideration of being permitted to participate in the Activity, I hereby accept all risk to my health and of my injury or death that may occur while I am acting within the course and scope of my activities as a volunteer.

I hereby release the above named Institution, its governing board (The University of Texas System Board of Regents), officers, employees and representatives, in their individual and official capacities, from any liability to me, my personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to my property and for any and all illness or injury to my person, including my death, that may result from or occur during my activities as a volunteer, WHETHER CAUSED BY NEGLIGENCE OF THE INSTITUTION, ITS GOVERNING BOARD, OFFICERS, EMPLOYEES, OR REPRESENTATIVES, OR OTHERWISE.

I further agree to indemnify and hold harmless the above-named Institution and its governing board (The University of Texas Board of Regents), officers, employees, and representatives, in their individual and official capacities, from liability for the injury or death of any person(s) and damage to property that may result from my negligent or intentional act or omission while acting as a volunteer.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR MY INJURY OR DEATH OR DAMAGE TO MY PROPERTY THAT OCCURS WHILE SERVING IN MY CAPACITY AS A VOLUNTEER AND IT OBLIGATES ME TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY MY NEGLIGENT OR INTENTIONAL ACT OR OMISSION.

Signature of Applicant/Parent

Date

(If applicant is under the age of 18, signature of parent or legal guardian is needed here.)

Signature of Supervisor

Date

Please return this form to UTRGV, Office of Human Resources.

Mandatory Volunteer Certifications

Please initial each box indicating you read and agree to each provision.

I understand that participation is contingent upon successful completion of a criminal background check. I agree to be subject to a criminal background check.

I understand and agree to all terms and conditions of service as set forth in the UTRGV Volunteer Policy.

I grant and authorize UTRGV, acting through the University of Texas System, its employees and agents to make use of, license or assign the use of, my image, appearance, likeness, voice and/or photograph, and other reproductions of any of these, in still photographs, videotapes, publications, audio, sound recordings, web sites, electronic and other media and/or motion pictures, (hereinafter all of which are included in the term "Media") and to do so with or without mention of my name.

I understand and agree that I am to receive no compensation of any kind, monetary or otherwise, on account of or arising from the production, publication, recording, rebroadcasting, or other use of such Media.

UTRGV shall have complete ownership of the Media produced or published and shall have the exclusive right and license to make such use of that Media as it wishes, including, but not limited to the right of performance, display, reproduction and distribution in all media, and the right to create, perform, display and distribute derivative works of the Media

I hereby release the University of Texas System, UTRGV, its employees and agents from all expenses, claims and liabilities incurred by me arising out of or in connection with my appearance and/or the use of the Media.

As an authorized volunteer I understand that I will be acting on behalf of UTRGV and I will conduct my activities accordingly. I have read and agree to the terms and conditions of my activities outlined in all applicable policies.

I will not copy, transcribe, record, or memorize confidential information in any manner, nor disclose or use such information for any purpose other than for the limited purpose of providing the assigned services with UTRGV.

Signature of Applicant/Parent

Date

(If applicant is under the age of 18, signature of parent or legal guardian is needed.)

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