University of Idaho
Volunteer Position Description

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 its vehicles. The university does not intend to offer coverage for 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. Workers compensation coverage is not generally offered to volunteers. For exceptions related to workers compensation coverage, contact Risk. For additional information, see APM 05.11.

UI College and Unit: _____
UI Unit Contact: _____
Phone: _____ **Fax:** _____
E-mail: _____

Volunteer Name (PRINT): _____
Home Address: _____
Volunteer Phone: _____

Emergency Contact Name: _____ **Phone**: _____

To whom will the volunteer report? _____

Is the person to whom the volunteer will report a UI employee? ___ yes ___no

If NO, what is the name of the supervisor's position? _____

Supervisor Phone: _____ **Supervisor Fax:** _____ **Supervisor E-mail:** _____

Position Description (please list in detail the function associated with this volunteer position):

_____

_____

_____

Dates of volunteer service for this position: _____ **to** _____

Estimated total hours this person will volunteer: _____

Will the volunteer be driving a vehicle while performing volunteer duties?

UI vehicle ___ yes ___no OR volunteer's personally owned vehicle ___yes ___no

If the volunteer will be driving a UI vehicle, please attach a signed "Authorization of Approved Driver of University-Owned Vehicle" form. For use of a personal vehicle, please attach a signed "Registration of Personal Vehicle for Official Travel of University of Idaho" form. If the volunteer will be driving, the unit is responsible for having the volunteer comply with the policies in APM 05.08.

_____ _____

Volunteer's Signature Date Authorizing University Signature Date

_____ _____

Print Volunteer Name Print Authorizing University Employee Name