

VOLUNTEER WAIVER

With few exceptions, you have the right to request, receive, review and correct information about yourself collected using this form.

INSTRUCTIONS

The Department/College must provide each volunteer with a Volunteer Waiver form and a Waiver, Indemnification and Medical Treatment form. These forms and copies of identification can be delivered to Human Resources Old Main 308 or emailed to hr@wtamu.edu.

TO BE COMPLETED BY VOLUNTEER

VOLUNTEER NAME (Last, First Middle)	PHONE NUMBER	EMAIL
DEPARTMENT UTILIZING SERVICES	DATE VOLUNTEER SERVICE BEGINS	ENDING DATE OF SERVICE

I certify that I am offering my services to West Texas A&M University on a volunteer basis. I further understand that I will receive no pay, benefits or other privileges of employment of any kind for my services. I further understand that I am not eligible for worker's compensation benefits if I am injured or become ill as a result of my volunteer work, and I am not eligible for unemployment compensation benefits when my volunteer assignment ends. I also certify that I have not been promised and have no expectation that I will receive a paid position as a result of my volunteer work.

I certify that I am (check one):

Not employed by the State of Texas, West Texas A&M University or any other public entity, and I am performing the proposed volunteer work for civic, charitable or humanitarian reasons.

I am an employee of the State of Texas, West Texas A&M University. The proposed volunteer work is in a different occupational capacity from that in which I am employed, and I am performing the volunteer work for civic, charitable or humanitarian reasons.

SIGNATURES

(1) _____
Signature of Volunteer

Date

(2) _____
Signature of Witness

Date

All volunteers must complete a CRIMINAL BACKGROUND CHECK AUTHORIZATION form.