

University of Iowa Volunteer Authorization

Volunteer Name: _____

Address: _____

Email: _____

Start Date: _____

End Date: _____

Authorizing Department or Commission: _____

Responsibilities (Volunteer Services Description):

Signature

Phone Number

Departmental Supervisor

Volunteer Information

You are a Volunteer if you provide services to or on behalf of the University and have no legal duty to do so, have no personal interest or gain from the activity, and receive no compensation or consideration (except expense reimbursement) for the services you provide.

Criminal Background Check: In connection with your application to volunteer at The University of Iowa, a criminal background check may be requested or made on you.

Liability Coverage: Subject to the determination of the Iowa Attorney General in a particular case, Chapter 669 of the Code of Iowa provides for defense and indemnification of University of Iowa employees, volunteers and agents while they are acting within the scope of their authorized volunteer duties, and while under the direction and supervision of the University.

Use of Personal Autos Is Not Authorized: Generally, volunteers are not authorized to use their own personal vehicles in service to the University. However, if the volunteer is authorized **in writing** by the University to use their own personal vehicle, then the owner of the vehicle has primary financial responsibility for accidents. Therefore, if you are involved in an accident, the personal auto policy of the vehicle owner must respond.

Medical Coverage: Volunteers may be eligible for medical coverage for injury sustained during the course of their volunteer services. Note: If you are injured in the course of your volunteer duties please report the injury to your supervisor immediately.

Student Volunteers: If academic credit is received by the student for participating in a University event or providing services associated with the student's academic study, the student is deemed to have a personal benefit in the activity. In these cases, the student is not covered by the University for medical coverage. The student must rely on his/her own personal health insurance to respond to illness or injury.

Volunteer Signature: _____

Date: _____

*If you are not 18 years old, this form must be signed by a parent or guardian.

I grant my child permission to volunteer for the University of Iowa as described above.

Parent/Guardian Signature: _____

Date: _____