



Middle Georgia State University

Volunteer Agreement Form

Volunteer Service Information:

Department: [] Requesting Official: []

Volunteer Service Begin Date: [] End Date: []

Brief description of duties:

Volunteer's Information:

First Name:	Middle Initial:	Last Name:		
Address:		City:	State:	Zip:
Date of Birth:	Phone #:	Email Address:		

Has volunteer ever been convicted of a crime other than a minor traffic violation? Circle One: YES NO	If yes, explain & list date(s):
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Emergency Contact Information:

Name:	Relationship:	Phone #:
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As a volunteer, I understand that I will not receive any compensation or benefits from Middle Georgia State University for my participation in the duties outlined above. I understand that the nature of the duties may involve inherent risks, and in the event that I incur injuries/damages to my person/property, I agree to hold MGA harmless from all claims or judgments for any such injuries/damage resulting from my participation in volunteer activities. I have read and agree to abide by all provisions of the MGA Volunteer Policy during the course of my volunteer service whether on or off the MGA campuses. As a volunteer, I understand that MGA or I have the right to terminate my volunteer relationship at any time, for any reason, and without advance notice. Being aware of the terms and conditions of this agreement, I am signing this agreement of my own free will.

Volunteer's Signature _____ Date _____

For HR Use:	Background Check Results:	Approved: _____	Denied: _____
Printed Name:	_____		
Signature:	_____	Date:	_____