



University of North Alabama

Volunteer Agreement and Release

Name of Volunteer: _____
(please print)

I have chosen to volunteer my services to the University of North Alabama's

_____ to perform the following services:

_____.

I am willing to agree to the following terms in order to participate in UNA's volunteer program:

TERMS OF AGREEMENT AND RELEASE:

- 1) I agree that my providing the above services is without compensation, remuneration or reimbursement and that I do not have a formal appointment for these particular services. I further agree to release UNA from any and all claims to compensation, reimbursement or remuneration related to my volunteer service.
- 2) I understand that UNA does not provide me with accident or medical insurance and is not responsible for any accidents or medical expenses incurred by me. Further, I understand that I am neither covered by Workers' Compensation nor entitled to employee benefits as a result of my voluntary affiliation.
- 3) I agree that, as a volunteer, I am subject to a background check as detailed in the attached Authorization for Release form.
- 4) I understand that UNA shall have the right to release me, with or without cause, as a university volunteer in its sole discretion and without prior notice. At such time, I understand that my volunteer service will cease.
- 5) In consideration of my being allowed to participate in the volunteer service, I agree to release, indemnify and hold harmless UNA, including its present and former Trustees, officers, directors, faculty, employees, agents and participants from and against any and all losses, expenses, claims, actions, liabilities and judgments, which I, my dependents, assigns, personal representatives, heirs or next of kin may sustain or suffer as a result of or arising out of my participation in the volunteer service, whether caused by the negligence, action or inaction of UNA persons acting on its behalf or otherwise. I also agree that I shall be fully responsible for any and all loss or damage that I inflict upon any person or upon UNA's facilities during my participation in the volunteer service.
- 6) I am aware of the terms and conditions of this agreement and am signing this agreement of my own free will. Further, by signing this agreement I attest to the fact that I am nineteen (19) years of age or older and am able to perform the above-described volunteer services. I agree to act appropriately and in a professional, courteous manner during my volunteer service.

- 7) I understand the terms and conditions of this agreement are valid for the duration of my volunteer status as so determined by UNA. This agreement may be modified by UNA as it deems necessary.
- 8) I also understand and agree that at no time will I be considered or deemed to be an agent, servant or employee of UNA.
- 9) I understand that during my volunteer service, I may have access to, or may observe, certain information that is proprietary to UNA and I hereby agree not to disclose, discuss or reveal any such information to parties outside of UNA and to keep any UNA records or files, confidential.

Please affirm your acceptance of the terms of this agreement stated above with your signature, and please accept our sincere thanks for your valuable contributions to the University of North Alabama.

Dates of Service: _____ to _____

Name of Immediate Supervisor _____

Volunteer Signature Date

Department Head Signature Date

Division Vice President Signature Date

Vice President, Business Affairs Signature Date



University of North Alabama

Authorization and Release for the Procurement of a Consumer and/or Investigative Consumer Report

As part of its employment process, the University of North Alabama routinely obtains consumer reports and/or credit information on applicants and employees. The information contained in these reports may be used to deny an individual employment with the University of North Alabama.

I, the undersigned consumer, do hereby authorize the University of North Alabama, by and through an independent contractor (Risk Mitigation Services, Inc.), to procure a consumer report and/or investigative consumer report on me. These above-mentioned reports may include, but are not limited to: my driving history, education; employment history; social security number verification; criminal history/records; and/or any other public record. I further authorize the University of North Alabama to obtain electronic fingerprints on me for purposes of obtaining a consumer report and/or investigative consumer report on me, if necessary.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any consumer report and/or investigative consumer report prepared on me upon my written request to Risk Mitigation Services, Inc. that is made within a reasonable time after the date hereof. I also understand that I may request a written summary of my rights under 15 U.S.C. § 1681 et. seq. I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to the University of North Alabama, by and through Risk Mitigation Services, Inc., including, but not limited to, any courthouse, any public agency, any and all law enforcement agencies and any and all credit bureaus, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources.

I hereby release the University of North Alabama, Risk Mitigation Services, Inc., and any and all persons, business entities and governmental agencies, whether public or private, from any and all liability, claims and/or demands, of whatever kind, to or by me, my heirs or others making such claim or demand on my behalf, for procuring, providing, and/or assisting with the compilation or preparation of the consumer report and/or investigative consumer report hereby authorized.

Printed name: _____
FIRST NAME *MIDDLE INITIAL* *LAST NAME*

Signed name: _____ **Date:** _____



Volunteer Background Check Information Sheet

ALL FIELDS ON THIS FORM ARE REQUIRED

Full Name:

Mr. Ms. Dr.

Social Security Number: _____

Date of Birth: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Please list every City, State in which you have lived in the last ten years (if you need additional room, please continue on the back of the form):

1. _____
2. _____
3. _____
4. _____
5. _____

Agreement:

I hereby certify that all information provided by me in this VOLUNTEER BACKGROUND CHECK INFORMATION SHEET is true, correct, and complete to the best of my knowledge. I understand that any misstatement or omission of information may be sufficient cause for disqualifying me for volunteer services.

I hereby authorize the University of North Alabama to verify all statements contained herein and to contact any persons or agencies having information relative to such statements, including police, credit checks, and Selective Service registration for males born on or after January 1, 1960. I request any duly constituted law enforcement agency or judicial officer to furnish the University with all information at its disposal pertaining to any criminal conviction record on me. I hereby release the University and any law enforcement agency, judicial officer, or other individual from any liability arising from disclosure of said information.

BY SIGNING BELOW, I certify that I have read and agree with the above statements.

Volunteer Signature

Date