

**OHIO UNIVERSITY
VOLUNTEER AGREEMENT AND RELEASE**

Program: _____

I, _____ (“Participant”), agree to participate as a volunteer in the above-designated Program from _____, 2021 to _____, 2021. I exercise my own free choice to participate in the Program.

COVID-19 Acknowledgement: I fully understood that I may be exposed to COVID-19 and other infections. Similar to other highly contagious viruses, it is understood that it is possible to contract the COVID-19 disease, even if I comply with all health and safety measures as required by Ohio University and as recommended by the Centers for Disease Control and Prevention (“CDC”) and the Ohio Department of Health (“ODH”). It is understood that although Ohio University is following the coronavirus guidelines issued by the CDC, ODH, and other experts to reduce the spread of infection, I can never be completely shielded from all risk of illness caused by COVID-19 or other infections.

1. **Volunteer Status.** As a participant in the Program, and by signing below, I acknowledge that I am not an official “employee” or “agent” of Ohio University (“OHIO”) for any purpose. As such, I am not entitled to receive any compensation from OHIO or any fringe benefits of employment, including but not limited to: health care or workers’ compensation benefits, vacation, sick time, or any other benefit of employment, direct or indirect.
2. **Insurance.** I also understand that the University does not carry medical or liability insurance for me while I am participating in this assignment. By placing my signature below, I acknowledge to the University that I have adequate medical and hospitalization insurance for any injuries that I may incur as a result of attending this assignment. I understand and agree that if I travel by a privately owned vehicle to perform work associated with activity related to this volunteer opportunity, the insurance coverage is limited to that maintained by the driver or owner of the vehicle. No coverage is provided by the University for any injury or damage caused and/or incurred due to such travel.
3. **Termination.** I understand that OHIO has the right to release me as a university volunteer at its sole discretion, without prior notice, for no reason or any reason at all.
4. **Background Check.** I understand that because I will be performing the sensitive task of having care, custody or control of minors, before I begin volunteering, I must have a Federal Bureau of Investigations (FBI) and Bureau of Criminal Investigations (BCI) background checks. I must have these checks completed every 2 years or unless I live outside of Ohio for any period of time, I must be rechecked before I can resume volunteering. At any time during my volunteering activities, if I am convicted or plead guilty to a felony or misdemeanor, I must self-disclose within 3 days. I also understand that OHIO will check for my name in the national sex offender registry annually. OHIO reserves the right to not allow me to volunteer based on the results of each check.
5. **Sexual Assault.** I understand that I am required to comply with Ohio University Policy 03.004: Sexual Misconduct, Relationship Violence, and Stalking (<https://www.ohio.edu/policy/03-004.html>), including the requirement to report sexual misconduct to the Office of Equity and Civil Rights Compliance.
6. **Training.** I understand that before I begin volunteering, I must complete specific trainings as required by OHIO in addition to any trainings the camp, program, or department may have me complete. The OHIO training information can be found here: <https://www.ohio.edu/hr/additional-resources/risk-management-and-insurance/minors-campus>.
7. **Prohibited Activities** (including but not limited to): I will not do any of the following as a volunteer for OHIO:
 - a. supervise a staff member, including student employees, or other volunteers;
 - b. handle cash or other commercial transactions for the university;
 - c. be alone at any time with a minor;

