

WINTHROP UNIVERSITY
VOLUNTEER REGISTRATION AND ACKNOWLEDGEMENT

Printed Name of Volunteer: _____

Address: _____

Phone Number where you can be reached: _____

Emergency Contact: _____ Phone Number: _____

Volunteer duties (Describe Briefly):

For ALL Volunteers:

I understand that this volunteer relationship may be terminated at any time and without notice by me or by the University. I also understand that I have an obligation to respect the confidentiality of any sensitive information or dealings which may relate to my volunteering at the University, and I agree that I will not disclose any such information without the prior written authorization from Winthrop University. I understand that my obligation continues without limitation into the future.

For Volunteers who are Not Winthrop University Employees:

In consideration of my volunteer work as outlined above, I understand and agree that I am not entering into an employment or independent contractor relationship with Winthrop University and that I am not entitled to receive monetary or other compensation, payment, or any employee benefits including workers' compensation as a result of the volunteer services.

For Winthrop Employees Performing Volunteer Work Outside Regular Work Hours:

I understand and agree that volunteering in this manner on my personal time outside my normal work hours and the time spent volunteering do not qualify as work hours. I understand that volunteering in this manner is not a requirement or expectation of my current job, and the volunteer services I am providing are not the same, similar, or related to the type of work I perform in my regular job responsibilities at Winthrop University.

For Winthrop Employees Performing Volunteer Work During Normal Work Hours:

I understand and agree that volunteering in this manner is not a requirement or expectation of my current job and the volunteer services I am providing are not the same, similar, or related to the type of work I perform in my regular job responsibilities at Winthrop University. I understand I will receive my regular pay while performing this volunteer work during my regular work day. I have discussed this with and obtained approval in advance from my supervisor to perform this volunteer work during my regular work day.

Supervisor's Name: _____

Department: _____ Telephone: _____

Date: _____ Signature of Volunteer: _____

Date: _____ Signature of Winthrop Employee's Supervisor: _____

(Required only when Winthrop employee is volunteering during normal work hours)