VOLUNTEER AGREEMENT
To be completed by Faculty, Staff, or Student

REQUEST FOR APPROVAL
EMORY VOLUNTEER ACTIVITY
FACULTY, STAFF OR STUDENT

Name__________________________________________________________

Are you Emory Faculty?_______ Staff?___________ Student?____________

School or Department____________________________________________

Name of Volunteer Organization____________________________________

Is the Organization a nonprofit entity?_______________________________

Volunteer Organization’s Mission____________________________________

________________________________________________________________

Is the Organization’s Mission consistent with and supportive of the Mission of Emory University, Emory Healthcare and your School or Department?

________________________________________________________________

________________________________________________________________

What are your volunteer duties?______________________________________

________________________________________________________________

What do you see as possible risks associated with this activity? Is there a possibility that volunteers or third party participants might be injured?

________________________________________________________________

________________________________________________________________

Population Served by the Organization (minors, elderly, etc.)____________________

________________________________________________________________

Are medical services provided by the volunteers?______________________

Will alcohol be served?_____________________________________________

How many Emory University or Emory Healthcare volunteers will be involved?____

________________________________________________________________
Length of time you plan on volunteering?______________________________

Is the nonprofit entity well-run?____________________________________

_______________________________________________________________

Is the Organization operated by a full-time professional staff?____________

_______________________________________________________________

Do you know if the Organization has General Liability or Medical Malpractice Insurance that will cover its volunteers? ________________________________

_______________________________________________________________

Why should Emory University or Emory Healthcare extend its insurance coverage to cover you in this volunteer activity?____________________________

_______________________________________________________________

I understand that Workers Compensation insurance does not respond for volunteer activities as they are outside the course and scope of my employment.

Signature__________________________________________________________

Title____________________________________________________________

Date__________________________

Dean, Vice President, Chair Section Head Signature or Emory Healthcare Executive Team (“Decision Maker”) signature ________________________________

Date__________________________

This approval will expire upon termination of employment, significant change in the scope of the activity or no more than two years after the original approval.

Copy maintained by the volunteer and the department, school or operating unit

External Volunteer Guidelines 9.15.2010