

**THE UNIVERSITY OF AKRON
VOLUNTEER AGREEMENT**

VOLUNTEER INFORMATION

NAME: _____

ADDRESS: _____

DAYTIME PHONE: _____ EVENING PHONE: _____

CELL PHONE: _____ E-MAIL ADDRESS: _____

1. VOLUNTEER STATUS AND CONDITIONS OF SERVICE.

- a. I acknowledge and agree that, if approved, at all times I will be acting as a volunteer to The University of Akron (the "University") and that I am volunteering in the absence of any promise or expectation of compensation, stipend, reimbursement or employment. If I have any questions regarding my volunteer activities, I understand that I should direct all such questions to: The International Center, The University of Akron, Buchtel Hall, Suite 212, Akron, OH 44325.
- b. I acknowledge and agree that nothing in this Agreement, nor any performance hereunder is intended or shall be construed to create a partnership, joint venture, or relationship of agency or employment between me and the University. As a volunteer, I acknowledge and agree that I am not eligible for any employee benefits, including but not limited to health care, retirement, or workers compensation. I further acknowledge and agree that I am not eligible for workers' compensation for injuries incurred during my volunteer activities.
- c. I acknowledge and agree that I may not make purchases, solicit money, bind, or hold myself out as having the authority to bind, the University under any agreement or any other commitment unless expressly authorized to do so in writing by an authorized representative of the University.
- d. I acknowledge and agree that I will abide by The University of Akron drug and alcohol policies and all federal, state and local laws regarding drugs, alcohol and hazing and sexual harassment.
- e. I acknowledge and agree that as a volunteer, I serve at the discretion of the University and that my services may be terminated, with or without clause, and with or without notice, by the University.

2. ROLE AND RESPONSIBILITIES.

- a. If approved as a volunteer, I acknowledge and agree:

- I am expected to meet regularly with the assigned international student(s) during the fall semester of the academic term, and thereafter if mutually desired by the me and the student, at times and locations mutually determined between the student and me.
 - The program is intended to be only a friendship program. Students do not live with families and families, other than incidental expenses (e.g. paying for a meal), are not permitted to financially support international students. It is never appropriate for a student to ask families for money, to borrow the car, or to be added to their cellphone plan etc.
 - I should not give suggestions regarding financial issues, visa/immigration problems, employment, or academic concerns. These should all be directed to the International Center.
 - Should I become aware of an incident involving an international student that results in potential risk or harm to the student, I immediately will notify the International Center.
- b. I acknowledge and agree that I will at all times conduct myself in a professional manner that is in the best interests of the University and its International Center.

3. INSURANCE AND WAIVER.

I am fully informed or otherwise aware of, and fully assume, all risks to person or property in connection with my volunteering (including, but not limited to, damage and loss of property, bodily injuries, medical treatment and death). I represent and warrant that I have my own medical and/or health insurance that will cover any personal injury that I may sustain while volunteering and have attached evidence of such insurance coverage. I understand that the University will not provide any medical insurance for me in connection with my volunteering and is not responsible for any accident or medical expense that I incur in the course of volunteering.

In consideration for being granted the opportunity to act as a volunteer, I, for myself, my executors, administrators, heirs and assigns, release and forever discharge The University of Akron, its Board of Trustees, officers, administrators, employees and agents from and against any and all claims for loss, damage, injury or cost, and any action whatsoever, including but not limited to those based on negligence, which arises in any manner out of my participation in this activity. I understand that by participating in this activity, I accept and assume the risk of injury to myself or damage to my property. I understand that this Request and Release means, among other things, that I am giving up my right to sue The University of Akron, its Board of Trustees, officers, administrators, employees and agents for any such loss, damage, injury or cost that I may incur.

4. MISCELLANEOUS

This Agreement constitutes the entire agreement, and supersedes any prior or contemporaneous agreements, understandings or negotiations, with respect to my volunteering. The Agreement: i) may not be amended or modified; and ii) may not be assigned or transferred, in whole or in part, except by a written document executed by the University. This Agreement shall be governed by the laws of the State of Ohio, without regard to the conflicts or choice of law principles thereof, and shall be as broad and inclusive as permitted by such laws. In the event that any provision of

this Agreement is held unenforceable by a court of competent jurisdiction, such unenforceability shall not affect any other provision, and this Agreement shall be construed as if such provision, to the extent of such unenforceability, had not been incorporated herein. I represent and certify that I: (i) have read and fully understand this Agreement and agree to adhere to its terms; (ii) intend that this Agreement be legally binding upon and enforceable against me and my family members, estate, heirs and legal representatives; (iii) intend that this Agreement inure to the benefit of the University; and (iv) confirm that I am at least eighteen years of age, fully competent, and entering into this Agreement voluntarily of my own judgment.

5. TERM AND TERMINATION.

If approved, I understand and agree that the term of this Agreement is for three (3) years, which may be renewed upon mutual agreement of the parties. Either party may terminate this Agreement for any or no reason and at any time upon prior written notice to the other party.

I have read and understand the above Volunteer Agreement, and with my signature agree to abide by its contents.

Volunteer

Signature: _____ Date: _____

Print Name: _____

Authorized University Representative

Signature: _____ Date: _____

Print Name: _____