Form No.: OGC-S-2019-18

UNIVERSITY OF HOUSTON

VOLUNTEER POSITION AND RESPONSIBILITIES FORM

Volunteer's Name:

Int't Student and Scholar Services Office
Department/Organization:

International Friendship Program Volunteer
Volunteer Position

Volunteer Position/Job Duties Summary

Position - International Friendship Program Volunteer

To connect with a UH J-1 Scholar or Student and meet once a month for the purposes of meeting the J-1 Program's requirements for cultural exchange. These meetings may also include other social events.

Aleksandr Ignatyev - Program Manager II, ISSSO
Volunteer Supervisor's Name:

I, _____, hereby acknowledge that I wish to volunteer my services for the above listed department or organization, performing the duties as described more fully above. I understand that as a condition of my volunteer participation, I am required to comply with all University rules, regulations, policies, and procedures in additional all state and federal law. I understand that this is strictly a volunteer position, and that either I or the University may terminate this volunteer position at any time.

_____
Volunteer's Name (please print)

_____ _____
Volunteer's Signature *Date*

APPROVED BY:

_____ _____
Volunteer Supervisor's Signature *Date*

_____ _____
Department Head's Signature *Date*

All volunteers submitting this form must also submit the Volunteer Application and the Volunteer Release and Indemnification forms.

Note: Modification of this Form requires approval of OGC

Form No.: OGC-S-2019-21

Click Here To Select
VOLUNTEER APPLICATION

_____ _____
Volunteer Applicant's Name Date

_____
Address: (Street) (City) (Zip Code)

_____ _____ _____/_____/_____
Telephone Cell Phone Birth Date

_____
E-Mail Address

_____
Emergency Contact Name Relationship Telephone Number

Please list your primary care physician, if any: _____

Have you ever been convicted of any type of crime, not including traffic-related incidents?

Are you over the age of 18 years of age? _____

Do you have any health concerns, or any health related issues that may prohibit you from performing certain tasks or duties? _____ If yes, please explain to the best of your ability.

_____

_____

I certify that the responses given to the questions provided above are correct and without omission to the best of my knowledge. I understand that I am applying for a volunteer position and that I will not be paid for any services that I provide as a volunteer. I also understand that this application does not guarantee that I will be chosen for a volunteer position. I certify that I have read, understand, and will abide by all applicable University policies and procedures.

_____
Volunteer's Name (please print)

_____ _____
Volunteer's Signature *Date*

APPROVED BY:

_____ _____
Department Head's Signature *Date*

All volunteers must submit this form along with the Volunteer Release and Indemnification Agreement, and the Volunteer Position and Responsibilities forms. Students must submit a Student Volunteer Release and Indemnification Agreement. Volunteers under the age of 18 must also submit a Minor Volunteer Parent or Legal Guardian Consent form.

Note: Modification of this Form requires approval of OGC

Form No.: OGC-S-2019-22

UNIVERSITY OF HOUSTON

VOLUNTEER RELEASE AND INDEMNIFICATION AGREEMENT

My name is _____ and I am currently a non-University volunteer . I certify that I am offering my services to the **UNIVERSITY OF HOUSTON** (the "University") as a volunteer because I wish to give back to the community and make a difference through my volunteer efforts. I understand that there may be risks associated with volunteering, and that the University is not responsible for those risks. I also understand that I will be responsible for any medical treatment required as a result of my participation as a volunteer.

I certify that I will complete a Volunteer Position and Responsibilities Form in addition to this agreement. I also attest that I have read and understand the University rules, policies, and procedures, and that I agree to comply with all of the rules, policies, and procedures in addition to all applicable state and federal laws.

I understand that I will not receive any pay, benefits, or other employment rights or privileges in any capacity for my volunteer services. I also understand that I am not eligible for workers compensation benefits if I am injured or become ill as a result of my volunteer work, and I am not eligible for unemployment benefits at the completion of my volunteer assignment. I further understand that my position as a volunteer may be terminated at any time with or without cause.

I understand and agree that all property, materials, and other information received and/or created by me as a result of any volunteer services provided on behalf of or to the University, are the property of the University and shall be submitted and/or returned to the University immediately upon request or upon the termination of my volunteer position. I further acknowledge and agree that my likeness and or image alone or with others may be used and/published for the use and benefit of the University without any additional required consent from me or any additional obligation on behalf of the University. This includes all images in print, electronic, or video form, which may be used for educational, public relations, marketing, advertisement, or other promotional purposes.

In consideration for my participation and the benefits that I will receive as a volunteer, I hereby agree to indemnify, release, and hold harmless the University of Houston System, its officers, employees, and agents from any liability for any loss, expenses, or damage to me or any of my property that may occur as a result of my participation as a volunteer.

I declare that I have not been promised any form of compensation for my volunteer position, and that I have no expectation of receiving any payment for my volunteer services. I have not been persuaded or coerced into working as a volunteer, and I have not made this decision under duress or through any undue influence from any student, staff, faculty, or other University employee.

_____ _____

Volunteer's Name (please print) *Date*

_____ _____

Volunteer's Signature *Date*

All volunteers submitting this form must also submit the Volunteer Application and Volunteer Position and Responsibilities forms. Volunteers under the age of 18 must also complete a Minor Volunteer Parent or Legal Guardian Consent form.

Note: Modification of this Form requires approval of OGC