



## GEORGIA STATE UNIVERSITY

### *Structured Volunteer Program Policy*

Volunteers are individuals who perform services for the University, without expectation of compensation, benefits, or future employment. Generally, volunteers are not current employees, enrolled students or vendors/consultants. This policy does not cover or govern volunteers who agree to serve as human subjects in University research protocols. In addition to this policy, Volunteers in University laboratories are subject to the **GSU Laboratory Visitor Policy**.

The University is self-insured through the Department of Administrative Services Risk Management Services against state tort claims. This coverage is extended to University Volunteers who are a part of the University Structured Volunteer Program described in this policy. The liability coverage is for injuries and/or property damage Volunteers may cause others while acting in the course of their official volunteer duties. Liability coverage does not apply when Volunteers deviate from the course of their volunteer duties.

- All Volunteers must establish proof of identity and citizenship or permanent residency. If the individual is not a citizen or permanent resident of the United States, he/she must provide documentation of his/her visa status. An individual holding a temporary visa may not serve as a volunteer in a position where others in a similar position receive compensation or perform the same services. An individual with a pending H-1B visa application to work at the University cannot serve as a volunteer. Volunteer status may not be used to avoid or defer compliance with the employment eligibility requirements of federal immigration laws.
- An individual who is under the age of 18 must have parental consent to serve as a Volunteer. An individual who is under the age of 16 must have parental consent and permission from the Office of Legal Affairs to serve as a Volunteer.
- Volunteers may only be used in non-high-risk positions for which they meet the minimum qualifications.<sup>1</sup> Volunteers may not be used in positions that are normally paid or to replace classified employees who have been a part of a Reduction in Force. Volunteers may be terminated at any time, in the University's sole discretion, without further obligation to the Volunteer. At all times, the University has the discretion to select Volunteers.
- All volunteer work must be directed and supervised by a University employee designated by the unit for which the individual will be working ("Sponsoring Department"). Volunteers must agree to abide by all applicable University policies and sign the Volunteer Agreement provided below prior to performing volunteer service. Each Volunteer Agreement must be approved by the head of the Sponsoring Department. The Sponsoring Department is responsible for promptly submitting the signed Volunteer Agreement to the University's Office of Insurance and Risk Management.
- Volunteers who work with minors must satisfactorily complete a background check prior to performing any duties for the University. Sponsoring Departments, in consultation with the Office of Legal Affairs, may require background checks when warranted by the nature of the duties to be performed.
- University Volunteers do not have an employment relationship with the University on any grounds or for any reason.
- Volunteers are not eligible for University benefits, including but not limited to workers' compensation, and the University does not provide Volunteers with accident or medical insurance.

All questions about the Structured Volunteer Program should be directed to the Office of Legal Affairs.

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<sup>1</sup> While not an exhaustive list, the following are activities that a University Volunteer may not do: operate heavy equipment; work with any BSL III and BSL IV protocols; work with or have access to any export-controlled materials; work with hazardous materials or select agents; work with stored energy (e.g., physical energy stored in air, gas, steam, water pressure, or in springs, elevated machines, rotating flywheels, fans, hydraulic systems, etc.); conduct any activity considered inappropriate for an employee; enter into any contract on behalf of the University.

**GEORGIA STATE UNIVERSITY**  
Volunteer Registration and Agreement

Volunteer's Name (Please Print): \_\_\_\_\_ Tel. No.: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Dates of Service: \_\_\_\_\_ to \_\_\_\_\_ Emergency Contact Name/Tel. No.: \_\_\_\_\_

Sponsoring Department: \_\_\_\_\_ Supervisor of Volunteer: \_\_\_\_\_

Description of Volunteer Duties: \_\_\_\_\_

\_\_\_\_\_

Location where Volunteer will Perform Duties: \_\_\_\_\_

\_\_\_\_\_

As a Volunteer, I understand and agree to the following:

1. I am volunteering to perform the Volunteer Duties identified above solely for my personal benefit without promise or expectation of compensation, benefits or future employment from Georgia State University ("University"). I understand that the University and/or I may end my Volunteer Duties at any time without further obligation one to the other.
2. I will familiarize myself with and abide by all University policies, including those regarding conduct, confidentiality, safety and welfare.
3. I agree to perform my Volunteer Duties under the direction and control of the authorized University official identified above or such other authorized University official as is later designated to supervise my volunteer work.
4. I agree to cooperate with any screening and background checks required by the University prior to my performance of any Volunteer Duties.
5. I understand that the University is self-insured through the Department of Administrative Services against state tort claims. This coverage is provided for volunteers in programs organized, controlled, and directed by the University for the purposes of carrying out the functions of the University. **I understand that coverage does not apply when I deviate from the course of my Volunteer Duties.**
6. I understand that Volunteers are **not** covered by workers' compensation insurance for injuries or illness resulting from their Volunteer Duties and are strongly encouraged to obtain their own medical insurance before participating in this structured volunteer program.
7. I agree not to disclose any confidential information concerning research subjects, unpublished research data, and other confidential information of which I may learn in the course of my Volunteer Duties. I acknowledge and agree that any intellectual property I may create in the course of my activities at the University shall be the property of the University.
8. My performance of the Volunteer Duties is purely voluntary, and I agree to assume all risk associated therewith. I do hereby release, waive, discharge and covenant not to sue Georgia State University and the Board of Regents of the University System of Georgia and their employees, officers, members and agents (collectively, "Georgia State") from all liability, loss, damage, or claim resulting from my performance of the Volunteer Duties. I also agree to indemnify and hold Georgia State harmless from all claims, demands, causes of action, actions, judgments or other liability including reasonable attorneys' fees arising out of, resulting from or in connection with my Volunteer Duties or Volunteer status.

**Volunteer**

**Approved by**

\_\_\_\_\_  
Signature: \_\_\_\_\_ Date

\_\_\_\_\_  
Head of Sponsoring Department \_\_\_\_\_ Date

**Background Check Required? Yes / No**

*Copy of completed form must be submitted **prior** to start of volunteer duties to the Georgia State University  
Office of Insurance and Risk Management, 75 Piedmont Avenue, Suite 506, Atlanta GA 30302  
Phone (404) 413-9545 Fax: 404-413-9550 [risk@gsu.edu](mailto:risk@gsu.edu).*

*Original copy should be maintained by the Supervising Department.*