

**UNIVERSITY OF ST THOMAS  
ALUMNI VOLUNTEER PROGRAM**

**AGREEMENT**

rev. 11/9/05

We are pleased that you have decided to become a member of the University of St. Thomas Alumni Volunteer Program and to volunteer your services to the Department of \_\_\_\_\_.  
The University of St. Thomas is herein called "UST".

Please affirm your acceptance of the terms of this agreement, stated below, with your signature. Also, please accept our sincere thanks for your valuable contribution to UST.

1. I agree that as a UST volunteer my participation in the activities outlined in the attached Description of Volunteer Duties is without monetary consideration. The attached document shall be considered a part of this agreement.
2. I understand and agree that UST shall have the right to release me as a UST volunteer at any time without prior notice. I understand that I do not have a formal work appointment for any services.
3. I understand and agree that as a volunteer, UST does not provide me with accident or medical insurance; and will not be responsible to pay or reimburse me for any accident or medical expenses incurred by me as a result of my volunteer services. Further, I understand that I am neither covered by Worker's Compensation nor entitled to employee benefits as a result of my volunteer services.
4. I, on behalf of myself, my heirs; and legal representatives, do hereby release, indemnify; and hold harmless UST and its officers, directors, trustees, faculty, staff, agents and employees from any and all liability, damages and claims of any nature that arise out of or related to my volunteer activities or this agreement. I specifically agree to indemnify such persons from any such liability, damages or claims attributable to such person's own negligence or from any theory of strict liability, but not from such person's own gross negligence or willful misconduct.
5. UST will endeavor to provide me with third party liability insurance covering me for claims filed against me related to the duties described in the attached Description of Volunteer Duties, but UST's failure or omission to provide such insurance shall not give rise to any claim by me against UST.
6. I understand the meaning of the terms and conditions of this agreement. I am signing this agreement of my own free will. Further, by signing this agreement, I confirm that I am twenty one years of age or older.

Volunteer's Name \_\_\_\_\_

Volunteer's signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

ATTACHMENT TO  
UNIVERSITY OF ST. THOMAS ALUMNI VOLUNTEER PROGRAM AGREEMENT  
(DESCRIPTION OF VOLUNTEER DUTIES)