**VOLUNTEER AGREEMENT**

**(INCLUDES CONFIDENTIALITY PROVISIONS)**

East Carolina University is pleased that you have offered to volunteer your services to the University. Your volunteer service is appreciated. The purpose of this VOLUNTEER AGREEMENT (“Agreement”) is to provide you with information about your volunteer experience and some important University policies that apply to volunteers**. By signing this Agreement, you agree to abide by these policies and perform volunteer services in compliance with all the terms and conditions of this Agreement, as described below:**

**VOLUNTEER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BANNER # (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMERGENCY CONTACT NAME AND PHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EFFECTIVE DATES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Effective dates may not span longer than 12 months ending June 30 of each academic year. Volunteer Agreements may be renewed at the discretion of the supervisor/unit manager.**

**ECU UNIT/DEPARTMENT SPONSORING THIS VOLUNTEER: ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ECU POINT PERSON RESPONSIBLE FOR THIS VOLUNTEER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DESCRIPTION OF VOLUNTEER SERVICES TO BE PROVIDED TO ECU: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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1. As a volunteer, I agree to provide services without compensation. I acknowledge that a volunteer is not an employee of the University. I understand that I will receive no wages, salary or other compensation for my volunteer services. As a volunteer, I am not eligible for any University employment benefits, including but not limited to vacation, sick leave, retirement, tuition benefits, disability insurance, health insurance and worker’s compensation coverage. I understand that being a volunteer does not give me priority for University employment and I have no expectation of future employment.
2. I agree to comply with this Agreement and all applicable University policies and procedures and state and federal laws. If I am volunteering for ECU Athletics, I additionally agree to comply with the Constitution and By-Laws of the NCAA and any applicable conference or association.
3. I understand that I am under no obligation to provide any volunteer services to the University and that I am free to stop my volunteer service at any time. Notwithstanding any other provision in this Agreement, I understand that the University may terminate its volunteer relationship with me and this Agreement at any time without cause or prior notice, and in its sole discretion.
4. If my volunteer activities require that I be given keys, computer equipment, or other University property, I agree to return such property immediately upon request or at the end of my volunteer activities, whichever first occurs.
5. If a criminal background check is required, I understand that my volunteer service and this Agreement are contingent upon the University’s receipt of a criminal background check report that the University, in its sole discretion, deems satisfactory.
6. If I am volunteering for ECU Athletics, I agree that I will not be involved, either directly or indirectly, in any activity that could be construed as the off-campus recruitment of student-athletes or scouting.
7. I understand that I am not authorized to act in any way on behalf of the University in business matters, including signing contracts, leases or other agreements, hiring or supervising employees or attempting to bind the University to any agreement.
8. I acknowledge that as a volunteer I have an obligation to protect any and all Confidential and/or Sensitive Information[[1]](#footnote-1), that I may have access to in the performance of my volunteer services, whether printed, written, spoken or electronic. I agree to seek my university liaison’s direction if questions arise with respect to access, use or disclosure of Confidential and/or Sensitive Information.
9. I further understand that all Confidential and/or Sensitive Information must be accessed and maintained in a confidential and secure manner and that I am only authorized to access such information to the extent I am required and authorized to do so in the performance of my volunteer services. I understand and acknowledge that Confidential and/or Sensitive Information may not be divulged, copied, released, sold, loaned, reviewed, altered, texted, emailed to others or myself, or destroyed by me except as properly authorized by the appropriate University official and in compliance with applicable laws and policies.
10. I agree that I will not download Confidential and/or Sensitive information to my personal computer, unauthorized personal computers, social networking sites, portable devices (flash drive, CD, etc.) or any unauthorized medium.
11. I agree that I will not forge, alter, defraud, or misuse any documents, charge cards, money, checks, records or ECU Cards of an individual or the University.

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Volunteer Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature (if Volunteer under 18) Date

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Department Area Manager/Supervisor Date

1. “Confidential and/or Sensitive information” may include but is not limited to: Student Records and information from Student Records (including GPA, Class schedule, grades, Banner number, exam scores, etc.), Social Security Numbers or employer taxpayer identification numbers; Driver’s License information, State Identification Card; Passport Numbers; Digital Image; Date of Birth; Home Address; Home Telephone Numbers; Checking and Savings Account Information; Credit Card Information; Debit Card Information; Passwords; Protected Health Information (Any information that identifies a patient and their treatment); Proprietary Information (research, patent, legal, compliance, etc.); and Personnel File Information of employees. [↑](#footnote-ref-1)