



VCU

Human Resources

VCU Volunteer Data Form

Volunteer Information

Prefix: _____ Name (Last, First, Middle): _____ Pronouns: _____ Date of Birth: _____
Home Phone: _____ Business/Cell Phone: _____
Home Address Street: _____ Apt./Unit: _____ City: _____ State: _____ Zip Code: _____

Emergency Contact

Name (Last, First, Middle): _____ Relationship: _____
Home Phone: _____ Business/Cell Phone: _____
Home Address Street: _____ Apt./Unit: _____ City: _____ State: _____ Zip Code: _____

Volunteer Placement Information

I will be volunteering with: _____
(Name and Email of Program/Activity/Mentor/Principal Investigator/Personnel Administrator or Designee)

I was referred to volunteer with VCU by:

- Same as above
 Self
 Other: _____
(Name and Email of individual who referred you)

Acknowledgements & Disclosures

I hereby agree to volunteer with Virginia Commonwealth University (VCU). I understand that, as a volunteer, I have the right to say no to any task asked of me with which I feel uncomfortable.

I acknowledge and understand that I may have access to confidential information regarding employees, students, patients or the public, or to proprietary or other confidential business information belonging to VCU. In addition, I acknowledge and understand that I am required to comply with all applicable federal, state, and university policies, procedures and regulations, including those related to the use of university funds or resources.

Therefore, except as required by law and excluding information that can be released under federal, state, or university regulations, I agree that I will not:



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- Access data that is unrelated to my assigned duties at VCU;
- Disclose to any other person, or allow any other person access to, any information related to VCU that is proprietary or confidential. Disclosure of information includes, but is not limited to, verbal discussions, FAX transmissions, electronic mail messages, voice mail communication, written documentation, "loaning" computer access codes and/or any other transmission or sharing of data.

I understand that VCU and its employees, students, patients or others may suffer irreparable harm by disclosure of confidential or proprietary information and that VCU may seek legal remedies available to it should such disclosure occur. I understand that failure to comply with applicable policies, procedures and regulations may result in a loss of resources and that VCU may seek legal remedies available to it should such losses occur. Further, I understand that violations of this agreement may result in dismissal from my volunteer assignment.

For parent/legal guardian: I give permission for my child to participate in the volunteer opportunity listed above. I understand the risks associated with the activities and agree to assume those risks. I understand and agree that VCU and its employees (or volunteers) will not be liable for injuries that may result from the program or its activities. I understand the program's goal is to maintain a safe, educational environment and that if my child's behavior is disruptive or in violation of the VCU Code of Conduct, they may be dismissed.

Volunteer Applicant Signature: _____

NOTE: If the volunteer applicant is under age 18, a parent or legal guardian signature is required.

Print Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____