

Volunteer Services Agreement
Western Kentucky University

I am requesting and freely offering my services as a volunteer in the WKU Department of _____ in the role of _____. This volunteer agreement is effective for the period starting _____ through _____.

I acknowledge and agree that my services are voluntary and that I am not entitled to compensation, benefits, or reimbursement for any expenses incurred in connection with my volunteer activities. I understand that no workers' compensation benefits are available in the unlikely event that I should suffer an injury or illness while serving as a volunteer.

I understand that I must abide by Departmental professional standards and general University guidelines applicable to employee conduct. I further understand that, at its sole discretion, the Department of _____ may terminate this arrangement for any reason. Likewise, I understand that I may withdraw my volunteer services at any time for any reason.

I understand and agree to the volunteer service requirements indicated above.

Name: _____

Address: _____

Telephone Number: _____

Personal Email Address: _____

Volunteer Signature Date:

Volunteers Supervisor's Signature Date:

Department Head/Director Signature Date:

To submit this form, please complete the [Non-Employee Request Form](#) through Human Resources' HR Service Tickets.