



Helena College University of Montana Agreement for Non-reimbursed Volunteer Services

This agreement is between Helena College University of Montana and [Click here to enter text.](#) (name of volunteer) for the following services: [Click here to enter text.](#)

The above-named individual is not a regular employee of the College and the work to be performed will not replace the work of regular employees of the department.

It is understood that the services are voluntarily offered for the time period from [Click here to enter a date.](#) to [Click here to enter a date.](#) and that these volunteer services are not to be reimbursed. Approximate number of hours that will be spent in the volunteer services by this individual **in total** are [Click here to enter text.](#).

It is understood that the above-named individual will not utilize any equipment or resources that they have not received training for safe operating procedures.

It is understood that these volunteer services provided are not covered by the worker's compensation policy of Helena College University of Montana.

Does the volunteer currently carry any primary medical insurance?

Yes No

If "Yes", who is the primary Insurance Provider? [Click here to enter text.](#)

It is understood that while working in a volunteer capacity for the College the above named individual has no authority to engage in activities that will result in a financial or contractual obligation for the College.

This form must be completed and submitted to Human Resources BEFORE any services are provided.

Volunteer's Signature

Date

Supervisor's Signature

Date

Human Resources Approval

Date

(Return to Human Resources)