



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

This agreement is between Helena College University of Montana and \_\_\_\_\_ for the following services: \_\_\_\_\_.

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 (date)\_\_\_\_\_ to (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 \_\_\_\_\_.

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

It is understood 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? \_\_\_\_\_

It is understood 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

\_\_\_\_\_  
Director of HR Approval

\_\_\_\_\_  
Date  
(Return to Human Resources)