

**University of Illinois
Volunteer Agreement Form**

Your decision to volunteer your services to the University of Illinois and [Allerton Park & Retreat Center] is appreciated. Please affirm your acceptance of the terms of the volunteer arrangement.

1. I am volunteering solely for my own benefit and understand that I am not a University of Illinois employee and will not be compensated for my services. I also understand that I am not entitled to any employee benefits and am not covered by Workers' Compensation.
2. I agree to abide by all University rules and regulations applicable to University volunteers and will follow the directions given to me by my sponsoring unit and supervisor.
3. I consent to a background check and understand that an unsatisfactory report will disqualify me from volunteer services.
4. I understand that either I or my sponsoring department/unit may discontinue my volunteer services at any time without advance notice.
5. I attest that I am at least 18 years of age. If under the age of 18, the signature of a parent or guardian is required.
6. I affirm that I am not disqualified from volunteering by nature of my visa status.
7. I understand that my volunteer service will begin 1/1/2024 and end 12/31/2024, and will involve the following [available] Program activities:
 - Tour Guide
 - Visitor Center Volunteer
 - Formal Gardens
 - Trail Steward
 - Special Events & Programs
 - Outreach Group Involvement (Allerton Allies, Ladies Against Weeds, Allerton Park Photography Group)
8. I acknowledge that there is a risk of injury in volunteering and attest that I have health and/or accident insurance that will cover any illness or accident I may experience while volunteering at the University. I agree to provide proof of this insurance upon request.
9. I understand that as a volunteer I may learn information, procedures, and techniques which may not be publicly available and confidential, proprietary, or otherwise protected. I agree I will not divulge or use such information without prior written consent.
10. I consent to the recording and any use by the Board of Trustees of the University of Illinois on behalf of its campus of the name, image and/or audio recording of myself/the minor child herein, in (1) the photograph, video recording, and/or audio recording of myself/this minor child while at the Program; or (2) any photograph, video, and/or audio recording, CD, DVD, tape, webcast, podcast or other medium for distribution produced either in whole or in part from the photograph, video recording and/or audio recording described herein. The photograph, video recording, and/or audio recording described herein may be used for any purpose including, but not limited to, teaching, research, public service, fundraising, sale to the public, advertising or publicity on behalf of the University or its assigns or licensees, including but not limited to its Foundation or Alumni Association. I waive all rights and claims to any compensation (including royalties) or damages based on any use of the photograph, video recording, and/or audio recording of myself/this minor child. I also waive any right to inspect or approve the finished photographic, video recording and/or audio recording of myself/this minor child prior to use. This consent is perpetual.
11. I understand that if I am a State Universities Retirement System (SURS) annuitant, then I am responsible for ensuring that my volunteer activities are allowed under the SURS rules regarding volunteering.
12. I affirm that I have or will attend all mandatory training prior to commencing my volunteer activities.

Volunteer Code of Conduct

As an ambassador of the University of Illinois by volunteering my services, I am committed to:

- Being dependable and accepting responsibility for performing my volunteer assignments.
- Treating all individuals with respect and dignity.
- Respecting all confidential information.
- Complying with University policy and mandated reporting in cases of suspected child abuse or neglect, or sexual abuse or harassment.
- Refraining from the use of video, audio, or photographic recording equipment unless given explicit permission to do so.
- Avoiding conflict-of-interest situations and actions that may be perceived as such. I will also tell my supervisor of any potential or actual conflicts-of-interest as they arise.
- Refusing tips, gifts, or any other types of payment for my volunteer work.
- Avoiding profane or abusive language and behavior.
- Abstaining from the use, possession, and influence of alcohol or drugs while performing volunteer services.
- Abstaining from all illegal activity.
- Complying with items listed in the [Allerton Park & Retreat Center] Volunteer Guidelines.

ASSUMPTION OF RISK AND RELEASE OF CLAIMS

1. **Risks of Volunteer Activities.** I understand that my participation in University of Illinois [Allerton Park & Retreat Center] activities can present risks of physical injury (including death or disability) to me and damage to my personal property. The University of Illinois does not guarantee my personal health or safety or protect me against property loss. Physical injury to me or property damage may result from known or unexpected risks arising from things such as: use of equipment, materials, or facilities; environmental conditions, including extreme heat or cold and other weather-related hazards; natural disasters; transportation; actions of others; unavailability of immediate or adequate emergency care; infectious diseases; and slips and falls.
2. **Assumption of Risks and Release of Claims:** In consideration for allowing me to participate in [Allerton volunteer] efforts, I voluntarily assume all risk of injury and loss that I may sustain or suffer in connection with my participation in the activities described in this Agreement, and I forever and fully release, waive, and discharge all claims, demands, actions, and causes of action, known or unknown, that I have or that may accrue to me in the future (“Claims”) against the Board of Trustees of the University of Illinois, its officers, employees, agents, and volunteers (individually a “Releasee”) for personal injuries (including death), damage to property, and all liabilities, losses, costs, and expenses (including attorney fees) arising out of or resulting from my participation in [Allerton volunteer duties], including all Claims arising, in whole or in part, from the negligence of any Releasee. This Agreement is binding on my heirs, assigns, and representatives.
3. **Indemnification and Hold Harmless:** I, for myself or the minor child herein, agree to indemnify and hold harmless the Board of Trustees of the University of Illinois from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney’s fees, brought as a result of participation in the Program and to reimburse it for any such expenses incurred.

By signing below, I acknowledge that I have read this agreement, fully understand its terms, and sign it freely and voluntarily.

Volunteer's Name: _____

Volunteer's Contact Number(s) and Email Address: _____

In case we need to notify you regarding your volunteer schedule.

Volunteer's Signature: _____

Date: _____

If Volunteer is under the age of 18:

Parent or Guardian's Name: _____

Parent or Guardian's Signature: _____

Date: _____

Emergency Contact Information:

Name and Relation: _____

Contact Number and Email Address: _____

RETAIN THIS DOCUMENT FOR A MINIMUM OF THREE (3) YEARS FROM DATE OF SIGNATURE