

UNIVERSITY OF MINNESOTA

Twin Cities Campus

Bell Museum

*2088 Larpenteur Avenue West
St. Paul, MN 55113*

Date: _____

*Office: 612-626-9660
www.bellmuseum.umn.edu*

Re: Volunteer – Terms of Agreement

Thank you for agreeing to volunteer at the University of Minnesota (the “University”). This letter sets forth the terms under which you will be volunteering.

Your Service. Please enter positions below:

In volunteering, you will be under the general direction and control of University staff.

We expect your service to begin on _____. By your and our written agreement, the term of this Agreement may be extended. You or the University may ^{Today's Date} terminate this Agreement at any time by delivering to the other person a notice of termination.

Injury, Damage and Insurance. You may be hurt volunteering and using University facilities and equipment. You assume the risk of injury and of any loss or damage to your property. You are solely responsible for your acts and omissions in volunteering. The University does not make any commitment to you to compensate you for your losses.

Your Status. You may not volunteer if you are prohibited by federal immigration laws. By signing this letter, you are confirming for us that you are allowed to volunteer because you are a United States citizen, a permanent resident of the United States, or you hold a valid visa allowing you to reside in the United States and to volunteer.

University Policy. You agree to comply with all applicable University policies and procedures, including the rules, procedures and practices of the unit in which you are volunteering.

Legal Liability. In proper circumstances, the University will indemnify and defend you against claims arising out of your volunteer activities. This right is described in University Board of Regents Policy: *Legal Defense and Indemnification of Employees*, a copy of which is posted at <https://regents.umn.edu/sites/regents.umn.edu/files/policies/LegalDefense.pdf>.

General Terms. This Agreement is personal to you and University and neither you nor the University may assign it.

This Agreement is the final and complete expression of your and the University’s understanding and agreement and supersedes and cancels all prior agreements, understandings or commitments related to the your volunteering.

In volunteering, you are not an employee of the University and you are not entitled to receive compensation, including salary or benefits, insurance coverage, or workers’ compensation benefits.

You are not authorized under this Agreement to speak for, represent, enter into contracts or otherwise act for University.

Please evidence your understanding and acceptance of the terms of this Agreement by signing and returning a copy of this letter to the undersigned.

Thank you again for supporting the University of Minnesota. We are looking forward to your service.

Sincerely,

The Bell Museum

Understood and Agreed:

Volunteer:

Print name: _____

Print e-mail address: _____

Print mailing address: _____

Date: _____

Parent/Guardian Consent

Volunteers who are under 18 must have this Agreement signed by their parent or guardian.

This is to certify that I am the parent or legal guardian of the individual named above. I consent to their volunteering on the terms set out above.

Parent/Guardian:

Print name: _____

Print e-mail address: _____

Print mailing address: _____

Date: _____