

Middle Tennessee State University Volunteer Form

MTSU Policy 801

This form, Statement of Understanding/Agreement between Institution and Volunteer, will be used for volunteer workers. In order for a volunteer worker in an institution supported program to be eligible for reimbursement of the costs of defense in the event of a claim arising out of their actions, the institution is required by T.C.A. § 8-42-101(3)(B) to register the name of the volunteer with the Tennessee Board of Claims (Exhibit 17 – attached below). If the institution fails to register the volunteer and the state pays attorney fees or a judgment based on the volunteer's actions, cost and awards will be funded through the institution's budget. In addition, if the volunteer is a medical professional providing direct health care as a volunteer, he/she is only considered a "state employee" under the defense reimbursement provisions for purposes of medical malpractice.

VOLUNTEER REGISTRATION FORM

VOLUNTEER STATEMENT OF UNDERSTANDING / AGREEMENT BETWEEN

Middle Tennessee State University

AND

1. The volunteer understands that he/she is not to be considered an employee, agent or independent contractor employed by the Institutions for any purpose. The volunteer acknowledges that he/she will neither accept nor claim entitlement to any salary or benefits of employment, including but not limited to insurance, retirement benefits, worker's compensation, travel expenses, or any other form of compensation of any kind.
2. The volunteer understands that he/she has no actual authority to bind or represent the Institution with regard to any third parties. Moreover, the volunteer agrees to avoid giving the impression of having apparent authority to bind or represent the Institution with regard to third parties. Accordingly, the volunteer may not sign or enter into any agreements or contracts on behalf of the Institution.
3. The volunteer understands that Tennessee law (T.C.A. § 9-8307(h) 8-42-101(a)(3)) extends certain protections to individuals who are participants in volunteer programs which are operated under the authorization of a state agency or department. For actions taken in the course of performing volunteer services, which are neither willful, malicious, nor criminal, or acts or omissions done for personal gain, an authorized volunteer is immune from suit in the same manner as state employees. Persons injured by the actions of a volunteer are able to file a claim directly against the state.
4. The volunteer acknowledges that the Institution shall have no liability for personal injury or property damage which may be suffered by the volunteer, unless such injury or damage directly results from the negligent act or omissions of state employees or authorized volunteers. Any and all negligence claims shall be expressly limited to claims approved by the Claims Commission.
5. The volunteer acknowledges that he/she may not operate automotive or other state owned equipment of the Institution without specific written authorization of the president or director of the Institution.
6. The volunteer and the Institution agree that no person shall be subjected to discrimination on the basis of race, color, religion, sex, age, handicap, or national origin in the execution or performance of this Agreement.
7. Middle Tennessee State University, the MTSU Board of Trustees, the State of Tennessee and their respective employees shall have no liability unless specifically provided for in this Agreement.
8. This Agreement may be terminated at any time upon written notice of the volunteer or the president or director of Middle Tennessee State University.

ACKNOWLEDGEMENT

I, _____ (name of volunteer), have read and understand the above statement/agreement and agree to abide by its terms and conditions while I am participating in volunteer activities at Middle Tennessee State University. This agreement is effective from _____ (date) through _____ (date).

Signature of Volunteer: _____ Date: _____

Recommendation of Approval of State of Understanding/Agreement:

Recommendation of Approval of Statement of Understanding/Agreement:

Supervisor of Volunteer: _____ Date: _____

Approval of Statement of Understanding/Agreement:

President or designee: _____ Date: _____

Original Copy to: Office of Human Resources