

## ASSOCIATED STUDENTS AT SACRAMENTO STATE UNIVERSITY VOLUNTEER AGREEMENT

1.	l,	, agree to work for ASSOCIATED STUDENTS, INC. (ASI) as a volunteer on
		[name project, activity or special event]

from \_\_\_\_\_ (date) to \_\_\_\_\_ (date) [timeframe of project].

- 2. I understand that <u>I will earn no wages or benefits and will not be entitled to unemployment insurance benefits upon the termination of this agreement or as a result of this service.</u>
- 3. I am aware that participation as a volunteer may require periods of standing, lifting and carrying up to 25 pounds and will require the exercise of reasonable care to avoid injury. I am voluntarily participating in this activity with knowledge of the hazards and potential dangers involved, and agree to accept any and all risks of personal injury and property damage.
- 4. I UNDERSTAND THAT IF I AM INJURED IN THE COURSE OF THE PROJECT, I AM COVERED BY ASI ACCIDENT INSURANCE. I authorize ASI to seek emergency medical treatment on my behalf in case of injury, accident or illness to me arising from my involvement as a volunteer.
- 5. I understand that the materials and tools provided by ASI are and remain the property of ASI, and I agree to return these tools and any remaining materials to ASI at the end of my volunteer service.
- 6. I understand that if I am working with Minors I may be subject to a background check and live scan.
- 7. I grant permission to ASI its employees and agents and California State University, Sacramento and its employees and agents, to take and use visual/audio images of me. I agree that ASI and California State University Sacramento owns the images and all rights related to them. The images may be used in any manner or media without notifying me, such as ASI/University-sponsored websites, publications, promotions, broadcasts, advertisements, posters and theater slides as well as other ASI/University uses. I waive any right to inspect or approve the finished images or any printed or electronic matter than may be used with them, or to be compensated for them.
- 8. This is the entire agreement between the parties. It replaces and supersedes any and all oral agreements between the parties, as well as any prior writings.

Date	Volunteer Signature			
	Printed Name	Volunteer Date of Birth		
Date	Associated Students, Inc., Di	Associated Students, Inc., Director or ASI Volunteer Coordinator		
	Printed Name			
	18 years of age, parent or guardian must read cance, and assumption of risk have been explained	<b>.</b> .		

Date

Parent or Guardian of Volunteer Signature

Printed Name