



**University of South Carolina – School of Medicine**

**VOLUNTEER REGISTRATION AND INFORMATION**

**Volunteer:** \_\_\_\_\_

**Social Security #** *(needed only if Background Check required):* \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Mailing Address (if different):** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Other Phone:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_

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**Volunteer Duties (Describe Briefly):**

**Dates:** \_\_\_\_\_ **Department:** \_\_\_\_\_

**Supervisor:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

In consideration of my volunteer work as outlined above, I understand that I am not entering into an employment relationship with the University and that I am not entitled to receive a salary or any employee benefits including workers' compensation or benefits.

I understand that either the University or myself may terminate this volunteer relationship at any time without notice or obligation.

I also understand that I have an obligation to respect the confidentiality [**may need to sign a formal confidentiality agreement**] of any sensitive information or dealings, which may relate to my volunteering at the University and I agree that I will not disclose any information without the prior written authorization from University.

I understand that even after my volunteer duties for the University have ended I remain responsible for maintaining other obligations such as maintaining information confidential and proprietary information.

**Date:** \_\_\_\_\_ **Signature of Volunteer:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Signature of Supervisor:** \_\_\_\_\_



**Important Information Concerning Your Volunteer  
Activity with the USC SCHOOL OF MEDICINE**

**PLEASE READ THIS STATEMENT CAREFULLY AND SIGN IN THE SPACE PROVIDED BELOW:**

**This is to inform you that as a Volunteer with the University of South Carolina School of Medicine, you are not covered under the State Workers Compensation Act. As a result, if you are injured while serving as a Volunteer, you cannot be compensated or reimbursed for medical expenses incurred through the State Workers Compensation Fund. Because of this, you may wish to consider securing adequate health and accident insurance to cover yourself while performing your duties as a Volunteer.**

**It is agreed that you will serve as a Volunteer in the School of Medicine, Department of \_\_\_\_\_ without monetary compensation under the supervision of \_\_\_\_\_ .**

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*Signature of Volunteer*                      *Date*

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*Signature of Supervisor*                      *Date*

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*Departmental Chair's Approval*      *Date*

c: Volunteer

01/2011



**University of South Carolina – School of Medicine**

**CONFIDENTIALITY AGREEMENT**

I understand that during the course of my contract performance or other services with University Specialty Clinics® (USC), I may see or hear confidential information or protected health information.

By signing this agreement, I understand and agree that I will not use or disclose confidential or protected health information in any way not allowed by the Health Insurance Portability and Accountability Act (HIPAA). I will not access or view any information other than what is required to do my job. I will take all possible steps to ensure that any material containing personally identifiable information is disposed of appropriately and in accordance with HIPAA regulations.

I will not discuss any confidential information or protected health information obtained in the course of my relationship with USC with any person, except as otherwise required or permitted by law. I will not make any unauthorized copy or disclosure of this information, or remove or transfer this information to any unauthorized location.

I have read the above Agreement and agree to comply with all its terms.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

## **Volunteer Policy**

The University recognizes that volunteers are a valuable resource and enhance University programs and activities. Similarly, the University recognizes that individuals derive significant benefits from being a volunteer, including learning new skills, enhancing career opportunities and making professional and social contact.

### **Liability Exposure:**

There are three (3) areas of potential liability related to the volunteer services for the University:

- Liability of the University because of the volunteer (vicarious liability):

Because are acting on behalf of the University or being directed by the University, volunteers may expose the University to potential liability, should their actions or inactions result in harm or loss to a third party.

- Liability of the Volunteer to Third Parties:

Any individual can be charged with liability by a third party. Thus, volunteers are at risk for being held responsible for the consequences of their actions or inactions.

- Liability of the University to the Volunteer:

The University has obligations to volunteers just as it does to paid employees to provide reasonable care. This includes abiding by its policies and practices and any regulatory requirements, providing a safe work environment and adhering to recruitment, supervision and termination practices.

### **Accident/Injury Exposure:**

- Worker Compensation:

However, unlike paid employees, volunteers are not insured for workers compensation benefits. Thus, a volunteer may seek damages against the University should they be injured during the ordinary course of their assignments.

## **Volunteer Risk Management**

In order to manage the risks and liabilities inherent in volunteer activities, all University Departments should these guidelines:

1. Register Volunteers with the appropriate Volunteer Activity Form.
2. Ensure that the Volunteers receive adequate training, including safety training where appropriate, for carrying out their duties. {consider criminal background references checks, if appropriate).
3. Volunteers should be eighteen (18) years of age or older and possess appropriate skills, education, and experience. In exceptional circumstances involving low-risk activities, volunteers may be under the age of eighteen (18) but this must be arranged in advance with the Office of Risk Management, Human Resources and the Office of General Counsel.
4. Report any injury, loss, incident or other potential claim immediately to appropriate supervisor and/or USC PD, local law enforcement, as may be appropriate.

## **Additional Information**

- Inform Volunteers in writing that University does not provide any automobile damage or automobile liability covered when their personal vehicles are used.
- Retain appropriate document according to the retention schedule.

## VOLUNTEER ASSUMPTION OF RISKS, WAIVER AND FULL RELEASE

I, \_\_\_\_\_, and the undersigned, in full recognition and appreciation of the hazards and exposures involved do hereby voluntarily agree to assume all of the risks and responsibilities involving my voluntary participation in the [name of event] or [any dependent research or activities undertaken as an adjunct thereto];

and, further, I do for myself, my heirs, and personal representative(s) hereby defend, hold harmless, indemnify and release and forever discharge the University and all its officers, agents, employees and volunteers from and against any and all claims, demands, and actions, or causes of actions of any sort on account of damage to personal property, or personal injury, or death which may result from my participation.

I confirm that I have health and accident insurance in effect for the inclusive dates of my participation and no such coverage is provided for me by the University.

I have read and executed this document with full knowledge of its significance.

I also acknowledge that the University does not carry automobile damage or automobile liability coverage on my personal vehicle even when I am carrying out volunteer duties on behalf of the University.

On this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_, in witness whereof, I have caused this **Volunteer Assumption of Risks, Waiver and Full Release Form** to be executed.

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Witness

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Date

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Parent/Legal Guardian - *if under the age of 18*