

COLLEGE OF SAINT BENEDICT/ORDER OF SAINT BENEDICT RETIREE VOLUNTEER AGREEMENT

We appreciate your willingness to become involved in the College of Saint Benedict/Order of Saint Benedict (CSB/OSB) Retiree Volunteer Program, and we are grateful you have chosen to share your time and talents with us. Before participating as a volunteer in any event or activity, CSB/OSB requires all volunteers to review and sign this Agreement as well as complete and submit the attached Volunteer Information Form.

1. Participation

The decision to permit you to participate as a volunteer in events or activities, and the duration of the volunteer assignment, shall be made in the sole discretion of CSB/OSB. A description of the assignment for which you are volunteering is attached hereto and incorporated into this Agreement by this reference.

2. Reference Check/Criminal Background Check

Some volunteer opportunities with CSB/OSB require that volunteers submit and successfully pass a criminal background check prior to beginning the volunteer activity. CSB/OSB may verify your employment and volunteer history and experiences, and you agree to make the necessary contact information known on the Volunteer Information Form, and to provide your current/previous employer or other organizations with such authorization as they require to release information regarding your employment and/or volunteer experiences.

3. Policies of College of Saint Benedict/Order of Saint Benedict

In addition to agreeing to become acquainted with and follow the policies of CSB/OSB that relate to the rights, privileges and expected conduct of employees, volunteers, guests and others, you acknowledge that CSB/OSB does not condone or tolerate, and you agree to refrain from, any conduct that infringes upon a person's being through discrimination or harassment based on race, gender, sexual orientation, color, religion, national origin, age, ancestry, disability, or any other class protected by law. For more information on policies, please refer to the handbook at <http://www.csbsju.edu/humanresources/handbooks/default.htm>

4. Confidentiality

All confidential information you may come into contact with during your volunteer assignment remains confidential. "Confidential information" includes all information regarding or belonging to CSB/OSB that is not available to the general public, including: donor lists and all information contained therein; strategic plans; campaign information; financial information; student information; personnel information (including salary information and medical data); and all records, files and documents containing any such information. You may not disclose, distribute or publish confidential information to an outside individual or organization without proper authorization at any time or use confidential information for any purpose other than the performance of services as requested by CSB/OSB. If you violate this provision, CSB/OSB may seek an injunction or other legal action to protect its confidential information.

5. Safety Issues

Volunteers may be required to complete training prior to beginning their assignment, per CSB/OSB policy or the supervisor’s determination.

6. Transportation Volunteers

Some volunteer duties may include transporting. A volunteer driver must provide a copy of his/her current driver’s license and verification of auto insurance documents to the coordinator of the Volunteer Program. If you are required to drive a College or University vehicle, it is mandatory to attend a Defensive Driving Class through the CSB Security Office or OSB Safety Office. This 2 hour class is required for anyone needing to operate a college-owned vehicle.

7. Insurance Coverage

You understand that as a CSB/OSB volunteer you are not eligible for participation in the CSB/OSB employee Health/Dental/Life or Workers Compensation insurance plans, and you further understand that you are required to carry your own personal insurance coverage.

Release and Indemnity: You understand that your participation as a volunteer in any event or activity of CSB/OSB is at your own risk. You acknowledge that some events or activities are potentially dangerous and that you are voluntarily assuming all inherent risks, including the risk of accident, injury or death, both known and unknown, howsoever arising out of such events and activities. Accordingly, in consideration of being permitted to participate as a volunteer for CSB/OSB sponsored events or activities, you, on behalf of yourself and your heirs, assigns, beneficiaries, administrators, executors and representatives, hereby release, discharge and hold harmless, CSB/OSB and its members, directors, officers, employees and agents (the “Indemnified Parties”) from and against all claims, costs, injuries, damages, losses, liabilities, and causes of action suffered by you or by any other person (“Claims”), including Claims for personal injury, death or damage to personal property, arising from or occurring in connection with your participation or the participation of any other person in any CSB/OSB event or activity, including injury, death or damage caused in whole or in part by the negligence or wrongdoing of any member of CSB/OSB. You agree that neither you nor any of your heirs, assigns, beneficiaries, administrators, executors or representatives will ever assert in any forum any such Claim, and you shall indemnify and hold harmless all members of CSB/OSB from and against any such Claim (including reasonable attorney’s fees and costs incurred in defending such Claim).

Signature: I have read, understand and agree to the terms of this Agreement, including the release and indemnity and am executing this Agreement voluntarily without coercion and without reliance on any representation, express or implied, by any member of CSB/OSB. I understand that this Agreement waives important legal rights. I have had an adequate opportunity to consider this Agreement and to obtain such legal or other advice in regard to the Agreement and my rights and responsibilities under the Agreement as I considered advisable.

Volunteer’s Name (Please Print)

Date

Signature of Volunteer

**COLLEGE OF SAINT BENEDICT/ORDER OF SAINT BENEDICT
CSB/OSB
Volunteer Information Form**

Name: _____

Address: _____

City

State

Zip

Home Phone: _____

Work Phone: _____ **Cell Phone:** _____

Email: _____

Emergency Contact: _____
Name

Relationship to Volunteer: _____

Contact Phone Number(s): _____

Employment History and/or Prior Volunteer Experience Relevant to this Assignment, including contact/reference information:

1. _____
Name of Organization Employee or Volunteer?

_____ Telephone Number
Contact Person's Name

Work/duties performed for organization

2. _____
Name of Organization Employee or Volunteer?

_____ Telephone Number
Contact Person's Name

Work/duties performed for organization