

Black Hills State University
Volunteer Work Agreement

Submit completed form to the Human Resources Office
1200 University St, Unit 9568, Spearfish, SD 57799
Or by Fax to (605) 642-6296

Department: _____ **Reports to:** _____
Building/Room Number (if applicable): _____ **Office Phone:** _____
Description of services provided by volunteer (Reason for appointment): _____

Dates of service: Start: _____ **End:** _____

I, _____, agree to perform the duties and responsibilities of the volunteer position mutually agreed to by myself and the department stated above.

I understand that my services are voluntary and that I will not be compensated. I further understand that volunteer workers are provided worker's compensation coverage, and that I will be covered by the same terms and conditions applicable to state employees according to the liability coverage program for public entities while performing volunteer activities.

I understand that I am subject to all University and South Dakota Board of Regents policies, including those regarding safety, non-discrimination, sexual harassment, drug and alcohol use, etc. I understand it is my responsibility to familiarize myself with the University and South Dakota Board of Regents policies. These policies can be accessed by utilizing the link below: <http://www.bhsu.edu/FacultyStaff/PoliciesHandbooks/PolicyManual/tabid/11329/Default.aspx>. In addition, I understand that I am subject to any policies applicable to the department through which I am volunteering, such as policies regarding confidentiality of records, intellectual property, etc.

I agree to assign, and I do hereby assign, to the South Dakota Board of Regents all my right, title, and interest, whether present or expectant, in intellectual property that I may create, author, invent, or reduce to practice pursuant to my services as a volunteer. I understand that South Dakota Board of Regents Policy 4:34 not only establishes the obligations to assign and to disclose intellectual properties, but also reserves certain rights to creators of intellectual property and defines conditions under which the Board of Regent's rights of ownership may be waived in whole or in part.

I understand this coverage is only provided upon completion and submission of this document to the Human Resources Office. I also understand, depending on the duties for which I will be volunteering, that I may be subject to a background check.

I understand that I am under no obligation to provide any services to the University and am free to discontinue my volunteer activities at any time. I further understand that the University may terminate any volunteer relationship at any time without cause or prior notice and at its sole discretion.

I have read this agreement, understand it, and I agree to serve as a volunteer under the terms and conditions outlined herein.

Name: _____ **Email:** _____
Exactly as it appears on your Social Security Card

Permanent/Mailing Address: _____

Phone: _____ **Social Security Number:** _____ **Birth Date:** _____ **Gender:** Male Female

Please check one of the following:

U.S. Citizen – US Resident Alien/Perm Resident – RA Alien Substantial Pres – SP Non-Resident Alien – NR

If not a U.S. Citizen, Passport Number: _____ Visa Type: _____

Nation of Citizenship: _____ **Nation of Birth:** _____

Volunteer Signature: _____ **Date:** _____

Supervisor Signature: _____ **Date:** _____