

Volunteer Registration Form

DEFINITION

St. Olaf College defines a volunteer as any person who commits to a consistent time schedule to support the mission and efforts of the College without expectation of compensation, benefits, or any form of remuneration.

DATA TO BE COMPLETED BY THE SUPERVISOR

Legal First and Last Names: _____

Needs St. Olaf Email Access **Date of Birth** (required for email activation) _____
(Email address not be created until background check and trainings are completed)

Supervisor Name: _____ **Department/Office Assigned:** _____

Start Date: _____ **End Date:** _____

Description of Duties:

Travel and Reimbursement

As a volunteer, will this person travel as a representative of St. Olaf College: Yes No

If yes, will this person travel: Domestically Abroad (check both if applicable)

Will this person be reimbursed for expenses (travel and/or others) incurred while volunteering? Yes No

If yes, the supervisor must fill out an Accounts Payable Payment Request form found here

http://wp.stolaf.edu/treasurer/files/2013/10/ap_payment-request.pdf. For more information visit

<http://wp.stolaf.edu/treasurer/travel-policy/>.

Specialized Training

Is specialized training necessary to perform these volunteer duties? Yes (listed below) No

(Examples: Blood Borne Pathogens, Employee Right-to-Know training, etc.)

Note: Supervisors are responsible to ensure volunteers complete these requirements.

REQUIREMENTS

Background Check and Training Modules

In our efforts to provide a safe and secure educational environment, St. Olaf College conducts a criminal background check on volunteers as defined above, and as deemed necessary in special circumstances. The request for a background check will be sent to the email address provided. The background check results must be obtained **PRIOR TO THE START DATE**.

Additionally, all volunteers are required to complete two training modules. Ideally, this will occur **PRIOR TO THEIR START DATE**. Instructions for completing the *Sexual Abuse Awareness* and *Understanding and Preventing Sexual Violence* training modules can be found here <https://wp.stolaf.edu/hr/required-training/>.

Other specialized training may be required as indicated.

CERTIFICATION STATEMENT

This form will confirm your services as a volunteer to St. Olaf College. You are not an employee and will not have any of the rights or benefits that normally accrue for paid employees. Any injury sustained by a volunteer while performing volunteer services on behalf of St. Olaf College will be covered under St. Olaf College's workers compensation insurance policy. If you should sustain an injury in connection with your volunteer service to St. Olaf College, it must be reported immediately to Human Resources, located in room 180 of Tomson Hall.

I understand that any faculty, staff, student, or volunteer user of St. Olaf College facilities is required to comply with the Student Right-to-Know and Campus Security Act, <http://wp.stolaf.edu/publicsafety/community-awareness-reports/clery-act-fire-safety/>, including self-registration with appropriate State agencies and other St. Olaf campus policies (<http://wp.stolaf.edu/thebook/>). Failure to comply with these requirements, if applicable to me, will end my volunteer association with St. Olaf College.

Please sign and return this form to your supervisor and retain a copy of this document for your records. Your supervisor will forward the original to Human Resources. Your signature will verify that you have read and understand the expectations of a volunteer for St. Olaf College.

We appreciate your services as a volunteer and the contributions you will make to the College. We thank you for this effort. Contact Human Resources with questions by calling 507-786-3068 or emailing hrstaff@stolaf.edu.

ELECTRONIC SIGNATURE USAGE AGREEMENT

When electronic signatures are used, federal law requires that we inform you of the following:

- By signing below, I consent to electronic processing of this form to include use of my electronic signature.
- I acknowledge that Electronic Signature means that I am the person identified on this form, that I voluntarily accept all the terms and conditions as stated in this form, and that I agree to the electronic processing of this record.
- I acknowledge that my electronic signature will have the same legal effect as a signature on paper.
- I acknowledge that I have the right to print and keep this form on paper.
- I acknowledge that I have the right to withdraw my consent to the electronic signature on this form.
- I understand I must notify Human Resources in writing of my withdrawal of consent and that such withdrawal will not affect actions already taken by St. Olaf College.
- I acknowledge that my consent to the use of my electronic signature applies to this form only and not to any other transactions with St. Olaf College.

Volunteer Signature

Date

Volunteer Email Address

Volunteer Phone Number

SUPERVISOR AUTHORIZATION

Supervisor Signature

Date