



## Boise State University Authorized Volunteer Services Agreement

I, the undersigned, have volunteered to perform the service(s), listed below, for the following Boise State University sponsored field trip/event/activity, without compensation, and in accordance with the following understandings:

- BSU Department: \_\_\_\_\_
  - BSU Sponsored Event: \_\_\_\_\_
  - Service(s) Performed: \_\_\_\_\_
  - Dates of Service: (From/To): \_\_\_\_\_ Projected # Hours Worked: \_\_\_\_\_
  - If I am less than eighteen (18) years old, my parent or guardian consents to this agreement by Signature below.
  - I understand the health and physical conditions requirements for performing the services described above, and certify that I know of no physical condition or limitation that may adversely affect my ability to perform this service(s).
  - I understand that I will be subject to complete a criminal background check if volunteering in the following conditions:
    - a. Volunteers providing housing for minor undergraduate students;
    - b. Unsupervised volunteers assisting with activities that include minors and/or at risk adults;
    - c. Volunteers spending the night in a situation where minors and/or at risk adults are present; and
    - d. Volunteers in childcare facilities
  - **Photo Release:** I hereby agree to permit Boise State University employees, and agents to take photographs and make film records of my child without further recourse. I understand and agree that such photographs and/or film may be used for commercial and/or promotional purposes.
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By my signature below, I hereby agree to and fully understand all of the above conditions as outlined above.

Volunteer Name (please print): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Home Telephone No. (include area code): \_\_\_\_\_

Address: \_\_\_\_\_

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

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(If participant is younger than 18 years of age)

Name of Emergency Contact: \_\_\_\_\_

Relationship to Volunteer: \_\_\_\_\_ Telephone No. (include area code): \_\_\_\_\_

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Authorized Volunteer's BSU Supervisor Name: \_\_\_\_\_

Title: \_\_\_\_\_ Signature: \_\_\_\_\_