

<p>Department: _____</p> <p>Name of Volunteer: _____</p>
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**The University of Montana Western
Agreement for Non-reimbursed Volunteer Services**

This agreement is between The University of Montana, department of _____
 _____ and _____
 _____ (name of volunteer)

for services rendered as _____.
 Description of services

The above-named individual is not a regular employee of the above-named department and the work to be performed will not replace the work of regular employees of the department.

It is understood that the services are voluntarily offered for the time period from _____ (date) to _____ (date) and that these volunteer services are not to be reimbursed. Approximate number of hours that will be spent in the volunteer services by this individual **in total** _____ (# of hours).

Does the volunteer currently carry any primary medical insurance? ____ Yes ____ No
 If so, who is your primary Insurance Provider?

 Volunteer's Signature

 Date

 Supervisor's Signature

 Date

 Department Approval

 Date

These volunteer services provided for The University of Montana Western are not covered by the worker's compensation policy of The University of Montana Western.
 (Return to Business Services)

The University of Montana Western

To the Volunteer

University of Montana Western provides an Excess Accidental Injury/Death/Dismemberment policy through the state's insurance program for its volunteers. This insurance policy is excess of personal insurance and covers accident, injury, medical expenses and dismemberment for volunteers of activities sponsored by the Montana University System. The policy applies to volunteers who provide direct service to the University for Sponsored Events or activities (excluding employees or student interns). A summary of the state's accidental death & dismemberment insurance coverage for volunteers may be found at <http://rmtd.mt.gov/insurance/addsummary.asp>.

University System volunteers who provide direct service to the university campuses are defined as:

1. all volunteers participating in policyholder sponsored and supervised volunteer activities;
2. all volunteers while traveling directly to and from the activity and home; or
3. all volunteers while traveling with a policyholder supervised group in connection with such activities.

A University **Volunteer Form** must be completed prior to each volunteer providing service to Montana Western. The forms are to be sent to Business Services so that an appropriate number of volunteers can be collected and reported during the annual Risk Exposure submittal to state Risk Management and Tort Defense Division. Please be sure that the duration of the volunteer is providing services is included, the estimated hours per day and estimated days per week the volunteer contributes.