

# THE UNIVERSITY *of* MONTANA WESTERN

## OFFICE OF RISK MANAGEMENT Agreement for Non-reimbursed Volunteer Services

DEPARTMENT NAME:
VOLUNTEER NAME:

This agreement is between the University of Montana Western, 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 YES, please provide the name of your primary insurance provider.

\_\_\_\_\_

\_\_\_\_\_  
Volunteer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Approval

\_\_\_\_\_  
Date

*Note: 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.*

Please return completed form to: Human Resources Office 710 S Atlantic St. Dillon Mt 59725  
James Short Building

Contact for Questions: 406-683-7031 or email: [umw.hr@umwestern.edu](mailto:umw.hr@umwestern.edu)