

Keck School of Medicine of USC

UNIVERSITY OF SOUTHERN CALIFORNIA VOLUNTEER AGREEMENT

We are pleased that you have decided to volunteer your services to the University of Southern California and the Zilkha Neurogenetic Institute (hereinafter referred to as USC).

Please affirm your acceptance of the terms of this agreement, stated below, with your signature. Also, please accept our sincere thanks for your valuable contribution to USC.

1. I am:

- a. ☐ not currently working for USC as an employee (faculty, staff or student worker), as an employee of a temporary agency assigned to work at USC, or as an independent contractor providing services to USC. Should this status change, I agree to notify the Zilkha Neurogenetic Institute immediately;
- b. ☐ currently a USC employee (faculty, staff or student worker),
☐ a former USC employee (faculty, staff or student worker),
☐ an employee of a temporary agency assigned to work at USC, or
☐ an independent contractor providing services to USC; and

I understand that the services provided as a volunteer are distinct and separate from the services provided in the capacity noted above and that I will not receive compensation, payment, benefits or other valuable consideration for the services provided as a volunteer under this agreement.

- 2. I acknowledge that I have initiated the request for an opportunity to volunteer. I acknowledge and agree that I am undertaking the volunteer arrangement for my own benefit and that the volunteer work that I perform primarily benefits me, not USC.
- 3. I agree that as a university volunteer my participation in the activities outlined in the attached USC Description of Volunteer Service, I will not receive any compensation from USC. That document shall be considered a part of this agreement.
- 4. I understand that the university shall have the right to release me as a university volunteer without prior notice. I understand that I do not have a formal work appointment for these particular services.
- 5. I understand that anything I may create (inventions, copyrightable works, etc.) during my volunteer period shall belong to the university and I hereby assign all my rights and interests in and to such creations to USC.

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6. While volunteering on USC premises I agree to abide by all rules, regulations, policies, procedures, practices and instructions of the university and to use reasonable care in all that I do. My compliance with university policy includes the responsibility to respect the highest level of privacy for all members of the university community. Because many offices handle a variety of proprietary and private information concerning colleagues, students, patients, alumni, donors, and others associated with the university, protecting privacy is the responsibility of the entire university community. As a volunteer, I agree to not disclose or discuss any confidential information obtained from the university, school or departmental records, either during or after your volunteer work with the university. This includes, but is not limited to, intellectual property, proprietary trade information, student records, payroll figures, personal data such as employee home addresses, patient records and donor files.
7. I understand that as a university volunteer I am not entitled to employee benefits as a result of my university volunteer affiliation.
8. USC agrees to provide me with third party liability insurance to protect me from any claims filed against me related to the duties described in the attached USC Description of Volunteer Duties. In exchange, I, on behalf of myself, my heirs, and my representatives do hereby release, indemnify, and hold harmless USC or any of its officers, agents, or employees from any and all liability, damage, or claim of any nature that arises out of or related to my volunteer activities.
9. I am aware of the terms and conditions of this agreement and am signing this agreement of my own free will. Further, by signing this agreement I attest to the fact that I am eighteen years of age or older.
10. This agreement is valid for the period beginning _____ and ending _____ and that I will spend approximately _____ hours per _____ providing volunteer services.

University Volunteer's Signature _____ Date: _____

Home Address: _____

Telephone: _____ E-mail: _____

Provide one copy of this agreement to the university volunteer. The department should retain this agreement for three years from university volunteer separation.

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UNIVERSITY OF SOUTHERN CALIFORNIA DESCRIPTION OF VOLUNTEER SERVICE

Name of Volunteer: _____

Period of Volunteer services: From _____ To _____

Volunteer Services to be provided:

Department for which volunteer services will be provided: _____

Specific location(s) at which volunteer services will be provided: _____

USC employee(s) to whom Volunteer will report: _____

Supervisor's signature

Date

Department Administrator's signature

Date

Provide one copy of this page to the university volunteer and a copy to Carmen Carillo, Director of Keck Human Resources. The department should retain this agreement for three years from university volunteer separation.

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EMERGENCY CONTACT FORM

Name of Volunteer: _____

Department: _____ Work Phone: _____

Emergency Contact Info

Name: _____ Relationship: _____

Primary Contact # _____ Secondary Contact # _____

Name: _____ Relationship: _____

Primary Contact # _____ Secondary Contact # _____

The department should retain this on file for the duration of the volunteer's assignment and for three years from university volunteer separation.