

VOLUNTEER SERVICES AGREEMENT INFORMATION FOR VOLUNTEERS

The University of Central Florida greatly appreciates your interest in and willingness to volunteer your services to the university. Before you can volunteer at UCF, the appropriate department or unit head must approve your volunteer assignment. If you are under the age of 18, we must also have the written approval of your parent or guardian.

A volunteer provides services without compensation. A volunteer either does not have an employment relationship with UCF or, if a UCF employee is the volunteer, he/she is volunteering for UCF outside the course and scope of the volunteer's UCF employment. A volunteer receives no wages, salary, or other compensation for the volunteer services. A volunteer will not receive reimbursement for expenses unless it is specifically agreed to by the appropriate department or unit head, and even then only subject to university procedures. A volunteer is not eligible for UCF employment benefits, including annual leave, sick leave, retirement benefits, tuition benefits, health insurance, disability insurance, or unemployment insurance.

A registered volunteer is covered under UCF's workers compensation insurance in the event of a job-related illness or injury. Any job-related illness or injury must be reported to UCF. For information regarding workers compensation coverage and reporting requirements, please see http://hr.ucf.edu/web/loa_wc/workcomp.shtml. Similarly, a registered volunteer is covered by UCF's general liability protection for claims arising from negligent acts or omissions within the course and scope of the registered volunteer's assignment. You must immediately notify your supervisor if a claim is made against you that you believe arises from your volunteer services for UCF.

A volunteer who will be asked to drive, to transport passengers, or to have contact with minors must provide satisfactory evidence of personal responsibility and suitability for the task. The nature and extent of the required background evidence will be determined on the basis of the intended volunteer services assignment.

As a volunteer, you will not be authorized to act on behalf of UCF in business matters, such as purchasing, contracts, or contact with media.

As a member of the UCF community, you will be subject to UCF policies on safety and security; non-discrimination, including sexual harassment; equal opportunity; drug and alcohol abuse; intellectual property; confidentiality of records; conflict of interest; etc. You should familiarize yourself with these policies, as well as any departmental policies applicable to you.

A volunteer whose assignment is to provide services that take a tangible form, such as performance or creation or research, must agree that the results of those services will become intellectual property owned by UCF, as if under a work for hire agreement, unless there is a specific written agreement otherwise.

A volunteer may terminate volunteer services at any time. Similarly, UCF may terminate the services of a volunteer at any time.

A copy of this Volunteer Services Agreement, including Personal Information Form, is emailed to your department and the Office of Risk Management once completed.



Place of Volunteer Assignment: Psychology Department, PSY305 (Name of Department/Location)
Name of Volunteer (printed): Anudeep Udumula E-mail: audumula@knights.ucf.e
Date(s) of Volunteer Services: 9/19/2019 through 12/31/2019 (start date or single date of service) (provide end date, if known)
Expected hours: 10 (select one: total anticipated hours x weekly hours)
Clay Killingsworth Name of Primary Supervisor:
Department/Unit of Primary Supervisor: Psychology
X Check if Volunteer will access any lab, participate in any research activity, or operate any research equipment.
Location and Description of Volunteer Duties:

Volunteer will complete CITI training and acquire a SONA researcher login in order to run SONA subjects in behavioral tasks. The tasks will be presented on a computer. Volunteer may also be trained to run paid participants (not recruited through SONA) in behavioral studies and physiological studies. The physiological training involves an fNIRS system, which is a neuroimaging system that allows body movement (unlike an fMRI). Volunteer may also analyze de-identified data and participate in literature searches and experimental write-ups.

By signing this document, I agree to the following:

- 1. Volunteer services are entirely voluntary. I have not been pressured or unduly influenced to provide services without compensation, but rather do so of my own free will.
- 2. The services that I provide as a volunteer, and any product or creation that arises from them, are donated to the University of Central Florida without reservation of rights of any kind.
- 3. I will not be paid for my services. I understand that should I incur expenses in the course of these services, I will only be reimbursed for those expenses if my department approves and if they comply with University policies and procedures.
- 4. I will follow the supervision and direction of any UCF personnel or employee to whom I have been assigned to perform volunteer services. While some of my duties may require me to perform independently, all my duties are subject to the ultimate supervision and direction of the department in which I am volunteering.

A copy of this Volunteer Services Agreement, including Personal Information Form, is emailed to your department and the Office of Risk Management once completed.



- 5. UCF is not responsible for damage to my personal property while I am at UCF and while I am performing volunteer services. I should keep valuables at home and exercise reasonable care while at UCF to protect myself from loss or harm.
- 6. While a volunteer at UCF, I am subject to UCF regulations, policies, and procedures and I agree to follow those regulations, policies, and procedures. Volunteers and visiting scholars working with chemical, biological, radiation hazards require additional training. Please register for Laboratory Safety and/or Biological Safety, and/or Radiation training by visiting www.ehs.ucf.edu for upcoming dates and times of training. Online training will take 3-5 days to process your guest ID request. Completion of the safety training is required prior to working. To prevent further delay, please complete the form https://infosec.ucf.edu/security/sponsored-account-request/. If you need assistance with registration, please call 407-823-1526.
- 7. In the event that I believe I am a victim of discrimination, harassment, or retaliation of any kind, I will report such conduct to my primary supervisor, to my department head/dean, to Human Resources, or to the Office of Institutional Equity promptly. Further, I will cooperate in any investigation of such conduct or any other type of alleged misconduct.

Volunteer:	andrep Udumula	Supervisor:	DocuSigned by:	
	9BE9759277CE47A		D10313AF64424C9	



If Volunteer is under the age of 18, parent or guardian must sign consent form.

VOLUNTEER SERVICES AGREEMENT FOR VOLUNTEER AGE 18 OR OLDER PERSONAL INFORMATION FORM

This information is to be kept on file with the supervising department.

Name of Volunteer:	
Volunteer PID:	
Address: 103 Sarah Circle	
Bear, DE 19701	
3028876342 Phone Number(s):	
audumula@knights.ucf.edu Email Address:	
Volunteer is a citizen or Permanent Resident of the United States (select one): Yes	
If Volunteer is NOT a US citizen or Permanent Resident, please provide the following info	ormation:
Volunteer's country of Birth:	
Volunteer's country of Citizenship (if multiple please include all):	
US Visa Permit Type:	
Attach a copy of your DS-2019, I-129, or other visa documents, and resume/Curr Vitae, if available.	iculum
Volunteer is on a dependent Visa (select one): No If yes, please provide the following information:	
Name of the Primary Visa holder (First, Last):	
Your Primary Visa holder's Visa Type:	
Your Primary Visa holder's Country of Citizenship:	
Is the primary visa holder a UCF student or employee?	
YAS YAS	

Volunteer is 18 year of age or older (select one): Yes

If Volunteer is not 18 or older, consent of parent/guardian is required.

You must complete the Volunteer Services Agreement for Volunteer Under the Age of 18.

A copy of this Volunteer Services Agreement, including Personal Information Form, is emailed to your department and the Office of Risk Management once completed.



EMERGENCY CONTACT INFORMATION:

Name: _	Nalini Udumula
	: 103 Sarah Circle
	Bear, DE 19701
- Phone N	Jumber(s): 3028876342
	to Volunteer: Mother