

Georgia Institute of Technology (GIT) Insurance & Claims Management Volunteer Agreement Insuring Volunteers at GIT

GIT is self-insured through the Georgia Department of Administrative Services against claims brought under the Georgia Tort Claims Act (50-21-20 et. seq.). This coverage is extended to GIT volunteers who are part of a structured program that is organized, controlled and directed by a GIT Department for the purpose of carrying out the functions of the Institute. The coverage protects against claims for injuries and/or property damage volunteers may cause others while acting in the course of their official volunteer duties. Coverage does not apply when volunteers deviate from the course of their volunteer duties.

Volunteers are not entitled to any employee benefits, and GIT does not provide volunteers with accident or medical insurance. Volunteers are not covered by workers' compensation insurance in connection with their volunteer affiliation. If their volunteer duties require utilization of their personal vehicles, GIT does not provide comprehensive or collision insurance for their personal vehicle.

It is recommended that GIT Departments utilizing volunteers for the purpose of carrying out the functions of their department briefly describe what benefit the Institute derives from their volunteer program and complete the volunteer agreement form. The volunteer agreement will establish the guidelines and description of duties for the structured volunteer program.

Instructions for completing page 1 of the Volunteer Agreement:

- Print Department name under item 1.
- Add potential risk exposure under item 6 (attach additional page(s) if necessary).
- Obtain a signature from the volunteer; include the date when the volunteer signed the form; print the name of the volunteer and include the volunteer's telephone number.
- Obtain a Dean or Director signature; include the date when the form was signed; print the name of the Dean or Director.

Instructions for completing page 2 of the Volunteer Agreement:

- Include a complete description of volunteer duties along with the duration of the program (attach additional page(s), if necessary).
- If duties will involve working one-on-one with minors, please contact Human Resources for a background check. If duties include driving, please contact Human Resources to have a Motor Vehicle Record checked for each volunteer. If duties include working in a lab, please contact Environmental Health & Safety for any requirements. These activities must take place prior to permitting a volunteer to participate in the program.

In a cover letter or email, briefly describe the benefits that the Institute will derive from the volunteer program.

Submit the description of benefits, volunteer agreement, and description of duties via email to: gtinsurance.ask@business.gatech.edu or by mail to:

Procurement & Business Services Office
Attn: GT Insurance & Claims Management
711 Marietta Street, Atlanta, GA 30332-0300

Acknowledgement of receipt of the appropriate documents will be emailed to the Dean or Director unless otherwise noted.

If you have questions regarding the volunteer form or need additional information, please call or email Tom Provancher at 404-894-3483 / tom.provancher@business.gatech.edu or Yolanda Gay at 404-894-8296 / yolanda.gay@business.gatech.edu.

The Georgia Institute of Technology Volunteer Agreement

Thank you for agreeing to volunteer your services to the Georgia Institute of Technology (GIT). Please affirm your acceptance of the terms of this agreement, stated below, with your signature.

1. I agree to serve as a volunteer with GIT in _____
Print Department Name
2. I agree that my participation in the activities outlined in the attached Description of Volunteer Duties (which is part of this agreement) is not in exchange for any consideration (e.g., pay, benefits, the promise of future employment). I acknowledge that, in exchange for my service as a volunteer, I have neither been promised any consideration, nor do I expect to receive any consideration.
3. I agree that, as a volunteer, I will not be acting as a GIT employee or student. I understand and agree that GIT and I both have the right to end my volunteer relationship with GIT at any time, for any reason, and without advance notice.
4. GIT is self-insured through the Georgia Department of Administrative Services against claims brought under the Georgia Tort Claims Act (50-21-20 et. seq.). This coverage is provided for volunteers in programs organized, controlled and directed by GIT for the purpose of carrying out the functions of GIT. I UNDERSTAND THAT COVERAGE DOES NOT APPLY WHEN I DEVIATE FROM THE COURSE OF MY VOLUNTEER DUTIES.
5. I understand that, as a volunteer, I will not be entitled to any employee benefits. I understand that GIT will not provide me with accident or medical insurance, and is therefore not responsible for any accident or medical expenses that I incur in the course of volunteering. I also understand that I am not covered by workers' compensation insurance in connection with my volunteer affiliation. I agree to maintain health insurance coverage during my volunteer activities and shall provide proof of such coverage upon request. If I utilize my personal vehicle, I understand that GIT does not provide comprehensive or collision insurance for my personal vehicle.
6. I understand that my participation as a volunteer may involve certain risks which have been explained to me, including but not limited to: _____. In addition, I understand that I may be exposed to other risks which may not be foreseeable. I voluntarily accept these risks.
7. I agree to abide by all applicable rules and regulations of GIT and any of the department or units where I engage in volunteer activities. I also agree not to disclose any confidential information concerning patients, research subjects, unpublished research data, and other confidential information of which I may learn in the course of my volunteer service. I acknowledge and agree that any intellectual property I may create in the course of my activities at GIT shall be the property of the Georgia Tech Research Corporation (GTRC) and will be governed by GIT's Intellectual Property Policy. I release and hold harmless the Board of Regents of the University System of Georgia, GIT, GTRC, their members, employees, agents and authorized representatives from all losses, damages, costs, expenses, claims, demands, rights and causes of action resulting from my personal injury, death, or damage to property arising out of my volunteer activities.

Volunteer Signature: _____ Date: _____

Volunteer Printed Name: _____ Phone #: _____

Volunteer Address: _____

Parent Signature (if volunteer is a minor) _____ Date: _____

Dean or Director Signature: _____ Date: _____

Dean or Director Printed Name: _____

The GIT Volunteer Agreement

Briefly describe the departmental function(s) that will be carried out by the volunteer under the organization, control and direction of the department.

Description of Volunteer Duties:

If known, duration of Volunteer Program: _____.

Documents may be submitted via email to gtinsurance.ask@business.gatech.edu, or by mail to:

Procurement & Business Services Office
Attn: GT Insurance & Claims Management
711 Marietta Street,
Atlanta, GA 30332-0300