



VOLUNTEER/SPEAKER AGREEMENT

To:
CC:
From:
Date:
Re: Volunteer Engagement at the University of San Diego

Thank you for your interest in volunteering your services to the University of San Diego (USD). We look forward to having you with us for the event outlined below.

Sponsoring Organization Name:
USD Contact Person (Name and Phone):
Title of Event:
Date of Event:
Time of Event:
Location of Event:
Description of Volunteer Service(s):

As a volunteer for the university, you will not receive payment for the assistance that you provide to us, and you are not eligible for any employee benefits offered by the university. Either you or the university may opt to end the volunteer services at any time and for any reason.

As a volunteer, you also consent to medical treatment in a medical emergency where you are unable at the time to consent to such treatment, and in those circumstances, you agree that USD may arrange for medical treatment for you and/or transportation to a health care facility. You will be responsible for all costs incurred in connection with any such medical treatment or transportation to the extent not covered by your health insurance.

We appreciate your commitment to and support of the University, its mission and its core values.

If you have any questions, please do not hesitate to contact me. Again, we thank you for your willingness to volunteer your time with the University of San Diego.

AGREED:

Volunteer

Date

University of San Diego Administrator
Director of Student Activities

Date

Student Leadership and Involvement Center
Student Life Pavilion, 3rd Level
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San Diego, CA 92110-2492
Phone: (619) 260-4802 • Fax: (619) 849-8333