

WINTHROP UNIVERSITY CAMPUS BEAUTIFICATION INITIATIVE VOLUNTEER REGISTRATION AND ACKNOWLEDGEMENT

Printed Name of Volunteer: _____

Address: _____

Phone Number where you can be reached: _____

Emergency Contact: _____ Phone Number: _____

Volunteer duties you are willing and able to perform, during the 2021-2022 academic year (Describe Briefly):

For ALL Volunteers:

I understand that this volunteer relationship may be terminated at any time and without notice by me or by the University. I also understand that I have an obligation to respect the confidentiality of any sensitive information or dealings, which may relate to my volunteering at the University and I agree that I will not disclose any information without the prior written authorization from Winthrop University. I understand that my obligation continues into perpetuity.

For Volunteers who are Not Winthrop University Employees:

In consideration of my volunteer work as outlined above, I understand that I am not entering into an employment relationship with Winthrop University and that I am not entitled to receive a salary or any employee benefits including workers' compensation.

For Winthrop Employees Performing Volunteer Work Outside Regular Work Hours:

I clearly understand that volunteering in this manner on my personal time outside my normal work hours and the time spent volunteering does not qualify as work hours. I understand that volunteering in this manner is not a requirement or expectation of my current job, and the volunteer services I am providing is not the same, similar, or related to the type of work I perform as my regular job responsibilities at Winthrop University.

For Winthrop Employees Performing work for the Beautification Initiative during normal work hours:

I understand that volunteering in this manner is not a requirement or expectation of my current job and the volunteer services I am providing is not the same, similar, or related to the type of work I perform as my regular job responsibilities at Winthrop University. I understand I will receive my regular pay while performing this volunteer work during my regular work day. I have discussed this with and obtained approval from my supervisor to perform this volunteer work during my regular work day.

Supervisor's Name: _____

Department: _____ Telephone: _____

Date: _____ Signature of Volunteer: _____

Date: _____ Signature of Winthrop Employee's Supervisor: _____

(Required only when Winthrop employee is volunteering during normal work hours)

Please return the completed form to Caroline Rust Ward, CBI Committee member, Seller's House, Winthrop University, email: rustwardc@winthrop.edu 803/323-4633