

**WINTHROP UNIVERSITY
VOLUNTEER REGISTRATION AND ACKNOWLEDGEMENT**

Name of Volunteer: _____

Address: _____

Home Telephone: _____ Work Telephone: _____

Emergency Contact: _____ Telephone: _____

Volunteer Duties (Describe Briefly):

Supervisor: _____

Department: _____ Telephone: _____

Start Date: _____ End Date: _____

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. I understand that either the University or myself may terminate this volunteer relationship at any time without notice. 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.

Date: _____

Signature of Volunteer: _____

Date: _____

Signature of Supervisor: _____