

DENISON UNIVERSITY
Volunteer Disclosure Form

Whereas, the undersigned, _____ (name) hereafter called "Volunteer" will be participating in this volunteer activity: _____ for the time period:

From _____ to _____.

Denison University appreciates your time and effort to volunteer in the above-mentioned activity. We would like to advise you of the following:

- Denison University maintains liability insurance that extends to protect non-employed individuals volunteering on Denison's behalf, for claims arising from the discharge of their duties and obligations to Denison University, and for all lawful and authorized activities performed in meeting such obligation and duties. Any private, individual activities which are not a part of the formal trip are not included in this coverage.
- As a volunteer you are not covered by the college's workers compensation program, medical, or health insurance coverages for injuries suffered in the course of activities taken on Denison's behalf.
- You should take normal safety precautions. If you have any questions related to safety please feel free to contact our Environmental Health & Safety Officer at 587-5646.

Dated this ____ day of _____, 200_.

Volunteer's signature

Parent's signature (If volunteer is under 18)

Signature denotes I have read and understand the above information.

Emergency Contact: Name(s) _____

Home Phone _____ Business Phone _____

Home Phone _____ Business Phone _____

Other Close Relative: Name _____

Home Phone _____