The University of Montana
Agreement for Non-reimbursed Volunteer Services

This agreement is between The University of Montana, department of

________________________________ _______ CFC, Wilderness Institute _______

________________________________ ______________________________________________________ (name of volunteer)

for services rendered as _______wilderness monitoring_________________.

Description of services

The above-named individual is not a regular employee of the above-named department and the work to be performed will not replace the work of regular employees of the department.

It is understood that the services are voluntarily offered for the time period from

________________ (date) to __________________ (date)

and that these volunteer services are not to be reimbursed.

Approximate number of hours that will be spent in the volunteer services by this individual in total _______________ (# of hours).

Does the volunteer currently carry any primary medical insurance?

_____ (yes) _____ No

If so, who is your primary Insurance Provider?

____________________________

Volunteer’s Signature

Date

Supervisor’s Signature

Date

Department Approval

Date

These volunteer services provided for The University of Montana are not covered by the worker’s compensation policy of The University of Montana.
Volunteer's Emergency Contact Information

Volunteer:

Name ____________________________________________ Date ____________________

Person to contact in case of an emergency:

Name ____________________________________________ Relationship ____________________

Address __________________________________________________________________________

City, State, Zip __________________________ Phone ________________________________