

Department: <u>Wilderness Institute</u>
Name of Volunteer: _____

**The University of Montana
Agreement for Non-reimbursed Volunteer Services**

This agreement is between The University of Montana, department of
CFC, Wilderness Institute and
_____ (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.

(Return to Facilities Services Insurance Coordinator)
Volunteer's Emergency Contact Information

Volunteer:

Name _____ Date _____

Person to contact in case of an emergency:

Name _____ Relationship _____

Address _____

City, State, Zip _____ Phone _____