Volunteer Procedure

The University recognizes that volunteers are a valuable resource and enhance University programs and activities. Similarly, the University recognizes that individuals derive significant benefits from being a volunteer, including learning new skills, enhancing career opportunities and making professional and social contact.

Liability Exposure:
There are three (3) areas of potential liability related to the volunteer services for the University:

• Liability of the University because of the Volunteer (vicarious liability):
  
  When volunteers are acting on behalf of the University, or being directed by the University, they may expose the University to potential liability should their actions or inactions result in harm or loss to a third party.

• Liability of the Volunteer to Third Parties:
  
  Any individual can be charged with liability by a third party. Thus, volunteers are at risk for being held responsible for the consequences of their actions or inactions.

• Liability of the University to the Volunteer:
  
  The University has obligations to volunteers just as it does to paid employees to provide reasonable care. This includes abiding by its policies and practices and any regulatory requirements, providing a safe work environment and adhering to recruitment, supervision and termination practices.

Accident/Injury Exposure:

• Worker Compensation:
  
  However, unlike paid employees, volunteers are not insured for workers compensation benefits. Thus, a volunteer may seek damages against the University should they be injured during the ordinary course of their assignments.
Volunteer Risk Management

In order to manage the risks and liabilities inherent in volunteer activities, all University Departments should follow these guidelines:

1. Register Volunteers with the appropriate Volunteer Activity Form.
2. Secure a signed waiver and keep it on file for seven (7) years.
3. Ensure that the Volunteers receive adequate training, including safety training where appropriate, for carrying out their duties. (Consider criminal background references checks, if appropriate).
4. Volunteers should be eighteen (18) years of age or older and possess appropriate skills, education, and experience. In exceptional circumstances involving low-risk activities, volunteers may be under the age of eighteen (18) but this must be arranged in advance with the Office of Risk Management, Human Resources and the Office of General Counsel.
5. Report any injury, loss, incident or other potential claim immediately to appropriate supervisor and/or USC PD, local law enforcement, as may be appropriate.
Important Information Concerning Your Volunteer Activity with the University of South Carolina

PLEASE READ THIS STATEMENT CAREFULLY AND SIGN IN THE SPACE PROVIDED BELOW:

This is to inform you that as a volunteer with the University of South Carolina, you are not covered under the State Workers Compensation Act. As a result, if you are injured while serving as a volunteer, you cannot be compensated or reimbursed for medical expenses incurred through the State Workers Compensation Fund. Additionally, the University does not provide primary comprehensive and collision coverage for personal vehicles. Consequently, you may wish to consider securing adequate health, accident and automobile insurance to cover yourself while performing your duties as a volunteer. Volunteers will not be allowed into any labs, and will not be allowed to use any hazardous equipment.

It is agreed that you will serve as a volunteer with the University of South Carolina without monetary compensation.

__________________________________________________
Signature of Volunteer

__________________________________________________
Parent or Guardian Signature if signed by a minor

__________________________________________________
Date
VOLUNTEER REGISTRATION AND INFORMATION

Name of Volunteer: _______________________________________________________

Address: __________________________________________________________________

Work Telephone: _____________________

Home Telephone: ________________

Telephone: ______________

Emergency Contact: __________________________

Volunteer Duties (Describe Briefly):

Dates: ___________________________

Department: _____________________ Telephone: ___________________________

Supervisor: ___________________________________________________________________________________