

The Texas A&M University System

UNPAID STUDENT INTERN/VOLUNTEER WAIVER

With few exceptions, you have the right to request, receive, review and correct information about yourself collected using this form.

Each unpaid student intern and/or volunteer must complete a Volunteer Waiver form and submit, along with other required information/forms, to the appropriate Human Resources department for the Texas A&M system member where the volunteer work will be performed.*

TO BE COMPLETED BY VOLUNTEER

| | | |
|-------------------------------------|-------------------------------|------------------------|
| VOLUNTEER NAME (Last, First Middle) | PHONE NUMBER | EMAIL |
| DEPARTMENT UTILIZING SERVICES | DATE VOLUNTEER SERVICE BEGINS | ENDING DATE OF SERVICE |

I certify that I am offering my services to the Texas A&M University System and/or one of its universities or agencies on a volunteer basis. I further understand that I will receive no pay, benefits or other privileges of employment of any kind for my services. I further understand that I am not eligible for worker’s compensation benefits if I am injured or become ill as a result of my volunteer work, and I am not eligible for unemployment compensation benefits when my volunteer assignment ends. I also certify that I have not been promised and have no expectation that I will receive a paid position as a result of my volunteer work.

I certify that I am (check one):

Not employed by the State of Texas, The Texas A&M University System or any other public entity, and I am performing the proposed volunteer work for civic, charitable or humanitarian reasons.

I am an employee of the State of Texas or The Texas A&M University System. The proposed volunteer work is in a different occupational capacity from that in which I am employed, and I am performing the volunteer work for civic, charitable or humanitarian reasons.

To be completed by Unpaid Student Interns only:

I certify that I am a student at _____ (institution) and that I intend that the proposed volunteer work be counted as academic course credit toward a recognized degree plan at this institution. However, I understand I must complete the work in a satisfactory manner and meet all requirements of the course to receive credit.

SIGNATURES

(1) _____
Signature of Volunteer

Date

(2) _____
Signature of Witness

Date

***All unpaid student interns/volunteers must complete a WAIVER INDEMNIFICATION, AND MEDICAL TREATMENT AUTHORIZATION form and a CRIMINAL BACKGROUND CHECK AUTHORIZATION form. Unpaid student interns/volunteer who may be responsible for handling cash must also complete the VOLUNTEER NON-DISCLOSURE AGREEMENT FOR VOLUNTEERS HANDLING CASH form.**