



**DePaul University Volunteer Agreement
(For Volunteers Who Are Currently Employees of DePaul University)**

DePaul University is pleased that you wish to volunteer your time and services in
_____ (“DePaul”).

Department or Unit name

Please sign below affirming that you have read and understand the following terms and conditions that apply to your volunteer activities at DePaul:

1. I, _____ (“Volunteer”), agree that I am a volunteer for the activity listed below. I understand and agree that I am not entitled to any consideration, including but not limited to wages, benefits, insurance (including but not limited to health and workers’ compensation) or other compensation, for the time and services I provide to DePaul as a volunteer. I understand that even if DePaul provides with me with financial support or assistance for my time and services as a volunteer (e.g. stipends, reimbursements), it does not change my status as a volunteer.
2. I affirm that I have been informed that this activity is entirely voluntary, that my decision whether or not to volunteer will have no impact on my employment at DePaul, and that volunteer activities are not part of my job responsibilities. My decision to volunteer for the activity below was made freely and without coercion.
3. I acknowledge and agree that while DePaul may rely on my commitment to perform certain activities as a volunteer on a part time basis, I am not obligated to DePaul and DePaul is not obligated to me. Accordingly, DePaul may release me from my status as a volunteer at any time, and I may choose not to be a volunteer for DePaul at any time. Upon the end of my status as a volunteer for DePaul, neither I nor DePaul will have any obligation to one another except as explicitly stated in this Volunteer Agreement.
4. I acknowledge that as a volunteer, many DePaul policies and procedures are applicable to me, including but not limited to policies regarding ethical conduct, the protection of sensitive information and the protection of minors. I agree to conduct myself consistent with all applicable DePaul policies and procedures.
5. I acknowledge that as a volunteer I must abide by the Illinois Abused and Neglected Child Reporting Act (325 ILCS 5) which mandates that a volunteer who has reasonable cause to believe that a child under the age of 18 known to them in their volunteer capacity may have been subjected to physical or sexual abuse, may be at risk of physical or sexual abuse, or is being deprived of the proper or necessary care are required by law to immediately report such mistreatment to the Illinois Department of Children and Family Services ("DCFS") by calling DCFS' child abuse hotline at 1-800-25-ABUSE.

6. I acknowledge that before my volunteer activity begins, I will complete DePaul's **TBD VOLUNTEER TRAINING**. If my volunteer service includes working directly with minor children, before my volunteer activity begins I will complete the DCFS training "Recognizing and Reporting Child Abuse: Training for Mandated Reporters" at <https://mr.dcfstraining.org>.
7. I acknowledge that while serving as a volunteer, I may be provided with or have access to confidential information and/or proprietary information of DePaul. Such information may include but is not limited to research data, results, reports, analyses, student and student-related information, methods of operation, trade secrets, training materials, policies, protocols, and procedures (administrative, research, and clinical), budgeting, staffing needs, databases, marketing information, equipment capabilities, fee schedules, and other proprietary, business, financial and other information connected with or related to DePaul that is not generally known to the public (collectively, "Confidential Information"). I agree that I will take all necessary steps to protect any Confidential Information that I may receive. I agree that I will not permit the unauthorized access, use or disclosure of any Confidential Information to any third party except as required by applicable law (including without limitation good faith reports of unlawful conduct to federal, state or local officials). This provision shall survive the termination or expiration of this Agreement.

This Volunteer Agreement shall be effective for the duration of the following activity: _____

which is anticipated to begin on _____ and end no later than _____

I have read and understand the terms and conditions of this Volunteer Agreement and enter into it knowingly, willingly and voluntarily, with the intent to volunteer my time and services.

Volunteer Signature

Print Volunteer Name and Date

DePaul Unit Contact Signature

Print DePaul Unit Contact Name and Date

Parent/Legal Guardian Signature *(If Applicable)*

Print Parent/Legal Guardian Name and Date

Please accept our sincere thanks for your valuable contributions to DePaul!