



### MEMORANDUM FOR APPOINTMENT OF VOLUNTARY WORK

To:  
From:  
Subject: Voluntary Work for George Mason University  
Date:

Thank you for volunteering to work at Mason's office/department of: \_\_\_\_\_  
The purpose of this memorandum is to explain certain procedures and the scope of your work

You have agreed to work \_\_\_\_\_ hours and \_\_\_\_\_ days. Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Your title will be: \_\_\_\_\_

A short summary of your tasks which also describes how the work benefits the University's mission: \_\_\_\_\_

If duties involve working in Mason laboratories include the Acknowledgment of Laboratory Risk for Volunteers Form.

Duty #1: \_\_\_\_\_

Duty #2: \_\_\_\_\_

Duty #3: \_\_\_\_\_

Your supervisor(s) name will be: \_\_\_\_\_ Supervisors Position: \_\_\_\_\_

All of your volunteer activities will be in their name. Please keep them informed of you activities and any anticipated need to expend or commit Mason resources. Please specify if the volunteer is authorized to make financial commitments. \_\_\_\_\_

While carrying out Mason duties in your volunteer capacity, you will be an agent of the Commonwealth, and as such, liability claims for simple negligence will be covered under the State's Risk Management Plan. This coverage does not include the willful disregard of safety or illegal acts. Further, if you are injured within the scope of your volunteer duties, Mason carries insurance that will pay up to \$10,000 for medical bills. Your personal property and your vehicle are not covered under the State Plan. If you have any insurance questions, please contact the Office of Risk Management at 703-993-2599.

**Additional forms needed:** A completed and signed copy of the [Commonwealth's Alcohol & Drug Policy](#), review the [Data Stewardship Policy](#), complete and sign a Confidentiality Statement, and the [Banner Administrative Systems Account Access Request form](#) if applicable.

*Supervisors please maintain a signed copy of this document for your records. A copy should be also be provided to Human Resources and the Office of Risk Management. Additionally, a copy should accompany the completed Banner Access Request form when submitted to Fiscal Services, if applicable.*

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian (if volunteer in under 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Department Supervisor

\_\_\_\_\_  
Date