



MEMORANDUM FOR APPOINTMENT OF VOLUNTEERS
(Not for use for volunteers in laboratories)

To:
From:
Subject: Volunteering for George Mason University
Date:

Thank you for volunteering for Mason's office/department of: _____
The purpose of this memorandum is to explain certain procedures and the scope of your volunteer duties.

You have agreed to volunteer _____ hours and _____ days. Start Date: _____ End Date: _____
(End date cannot be more than one year from start date. Form should be completed annually for lengthy volunteer appointments.)

Your title will be: _____

A short summary of your tasks which also describes how the duties benefit the University's mission: _____

Duty #1: _____

Duty #2: _____

Duty #3: _____

Your supervisor(s) name will be: _____ Supervisors Position: _____

All of your volunteer duties will be under the directions of the supervisor identified above. Please keep them informed of your duties 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.

Volunteer appointments may be terminated at anytime. Supervisors should maintain a signed copy of this document for five years following the end of the volunteer duties. 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 Chair/Dean/Department Head

Date