VOLUNTEER REGISTRATION FORM

DEFINITION

St. Olaf College defines a volunteer as any person who commits to a consistent time schedule to support the mission and efforts of the College without expectation of compensation, benefits, or any form of remuneration.

DATA TO BE COMPLETE	D BY THE SUPERV	VISOR				
Volunteer Legal First and Last	Names:	_				
☐ Yes, volunteer needs St. Olaf email access (This will not be granted until the background check has been completed.)						
Supervisor First and Last Names:						
Department/Office Assigned: _						
Start Date:	_ End Date:	(Duration cannot exceed one year.)				
Description of Duties:						
TRAVEL AND REIMBURSEMEN	NT					
Will this person travel as a representative of St. Olaf College? \square Yes \square No						
Will this person drive a vehicle as part of their volunteer duties? \square Yes \square No (Email <u>business@stolaf.edu</u> to set up the Defensive Driving online training course and Driver Safety in-person training.)						
If this person will be reimbursed for expenses (travel and/or others) incurred while volunteering, the supervisor must fill out a <u>Payment Request Form</u> . Read the <u>Travel Policy</u> for more information.						
SPECIALIZED TRAINING						
Is specialized training necessary to perform these volunteer duties? \square Yes (list below) \square No (Email <u>business@stolaf.edu</u> to set up the Defensive Driving online training course and Driver Safety in-person training.)						
(Examples: Blood Borne Pathogen	ıs, Employee Right-to-Kr	now training, etc.)				
Note : The supervisor is responsible	e to ensure the volunteer	completes specialized training.				
SUPERVISOR SIGNATUR	E					
Supervisor Signature		Today's Date				

DATA TO BE COMPLETED BY THE VOLUNTEER

Name(s) Used:	
Date of Birth:	
Personal Email Address	Phone Number

Did you attend St. Olaf as a student? -or- Were you ever formerly employed by the college? -or- Did you previously serve as a volunteer or independent contractor? If yes, what name(s) did you use at that time? If no, leave blank.

CONSENSUAL RELATIONS POLICY FOR CONTINGENT WORKERS

St. Olaf College's consensual relations policy prohibits romantic or sexual relations between volunteers, workers employed by our staffing agency, independent contractors, Carleton employees, and auxiliary employees and any student enrolled at the college. Please check below that you are not currently involved with a student enrolled at the college and that you understand that you are not permitted to be involved in a romantic or sexual relationship with any student enrolled at the college.

□ No	I am not involved	l with a student	annallad at the	collogo and I	understand	ha callaga'a	adian
\square INO,	, i aiii iiot iiivoived	i witii a studeiit	. emoneu at me	conege, and i	. understand i	life confege s	DOLLCY

☐ Yes, I am involved with a student enrolled at the college, and I understand the college's policy

BACKGROUND CHECK REQUIREMENT

In our efforts to provide a safe and secure educational environment, St. Olaf College conducts a criminal background check on volunteers as defined above, and as deemed necessary in special circumstances. The request for a background check will be sent to the email address provided. The background check results must be obtained **PRIOR TO THE START DATE**.

TRAINING MODULES REQUIREMENT

All volunteers are required to complete online training modules. The volunteer will be notified of the modules for which they must complete. Ideally, this will occur **PRIOR TO THE START DATE**.

CERTIFICATION STATEMENT

The college **strongly recommends** that incoming students and new employees complete the primary COVID vaccine series before beginning their studies or work on campus, and that all members of our campus community remain up to date with COVID vaccines, <u>per CDC guidance</u>.

This form will confirm your services as a volunteer to St. Olaf College. You are not an employee and will not have any of the rights or benefits that normally accrue for paid employees. Any injury sustained by a volunteer while performing volunteer services on behalf of St. Olaf College will be covered under St. Olaf College's workers compensation insurance policy. If you should sustain an injury in connection with your volunteer service to St. Olaf College, it must be reported immediately to Human Resources, located in room 180 of Tomson Hall.

I understand that any faculty, staff, student, or volunteer user of St. Olaf College facilities is required to comply with the <u>Student Right-to-Know and Campus Security Act</u>, including self-registration with appropriate State agencies and other <u>St. Olaf campus policies</u>. Failure to comply with these requirements, if applicable to me, will end my volunteer association with St. Olaf College.

Please sign and return this form to your supervisor and retain a copy of this document for your records. Your supervisor will forward the original to Human Resources. Your signature will verify that you have read and understand the expectations of a volunteer for St. Olaf College.

We appreciate your services as a volunteer and the contributions you will make to the College. We thank you for this effort. Contact Human Resources with questions by calling 507-786-3068 or emailing hrstaff@stolaf.edu.

VOLUNTEER SIGNATURE

When electronic signatures are used, federal law requires that we inform you of the following:

- By signing below, I consent to electronic processing of this form to include use of my electronic signature.
- I acknowledge that Electronic Signature means that I am the person identified on this form, that I voluntarily accept all the terms and conditions as stated in this form, and that I agree to the electronic processing of this record.
- I acknowledge that my electronic signature will have the same legal effect as a signature on paper.
- I acknowledge that I have the right to print and keep this form on paper.
- I acknowledge that I have the right to withdraw my consent to the electronic signature on this form.
- I understand I must notify Human Resources in writing of my withdrawal of consent and that such withdrawal will not affect actions already taken by St. Olaf College.

I acknowledge that my consent to the use of my electroni transactions with St. Olaf College.	c signature applies to this form only and not to any other
Volunteer Signature	Today's Date