

**THE OHIO STATE UNIVERSITY AT NEWARK/CENTRAL OHIO TECHNICAL COLLEGE
VOLUNTARY EXPERIENCE AGREEMENT and WAIVER OF LIABILITY**

It is understood that I will obtain experience through observation and practice under the guidance of members of the Faculty and/or Staff of The Ohio State University at Newark ("Ohio State Newark") and/or Central Ohio Technical College ("COTC"), rendering such voluntary assistance as may be practicable. I fully understand that I will not receive any remuneration for such voluntary assistance, nor will I be charged any fee for the experience.

I understand that as a volunteer I am not an employee of The Ohio State University at Newark or COTC and that I am not covered by their worker's compensation program. I understand that I am not eligible for any employee benefits. I also acknowledge that voluntary involvement with COTC and/or Ohio State Newark is a privilege and a responsibility, not a right. This voluntary status is granted solely at COTC's and/or Ohio State Newark's discretion and may be terminated at any time by Ohio State Newark, COTC or me.

As a volunteer at Ohio State Newark and/or COTC, I will:

- Accept direction and advice from professional staff while involved in my activities.
- Not engage in abusive behaviors that physically or verbally threaten or harm anyone
- Not possess any weapons, including licensed concealed carry weapons, on OSU or COTC property
- Not commit any criminal acts
- Not manufacture, distribute, dispense, possess or use a controlled substance or alcohol while on OSU or COTC property
- Not make any unwelcome sexual advances, requests for sexual favors and other physical or verbal conduct of a sexual nature
- Abide by all safety regulations
- Abide by all university/college policies, including but not limited to drug free workplace, safety in the workplace, discrimination, and sexual harassment and/or any other form of harassment
- Avoid conflicts of interest and other unethical behavior
- Consider as confidential all information that I may gain in my volunteer position, directly or indirectly, concerning students, faculty, staff, employees, research data, or other protected information.

I understand and agree that any act or omission on my part that contradicts any portion of these standards may automatically cause a termination of my voluntary arrangement with Ohio State Newark and/or COTC.

In exchange for the opportunity to participate as a volunteer, I, on behalf of myself, my heirs, and my representatives do hereby release, indemnify, and hold harmless Ohio State Newark and COTC, and any of their affiliates, trustees, officers, agents, or employees from any and all liability, damage, or claim of any nature arising out of or related to my volunteer activities.

Volunteer Name (please print)

(Volunteer Signature)

(Date)

I affirm that attendant to the performance of the above experience activity all normal precautions usual and common to employees in the like work environment will be observed and the above-signed person will be so directed.

(Supervisor Signature)

(Date)

NOTE TO SUPERVISORS: Volunteers are required to contact the Newark campus office of human resources prior to beginning the voluntary experience to complete a Personal Data Sheet.

Approved:

(Cabinet Member Signature)

(Date)