



Volunteer Services Agreement

Thank you for your willingness to volunteer your services to Valley City State University. As a volunteer, you are not considered an employee or student of Valley City State University. Your services and activities at VCSU will be to perform the following:

Receipt of this letter makes you an official volunteer of Valley City State University and that you, as a volunteer, will be covered by the state's workers compensation program. We are participating in the Risk Management Workers Compensation Program. This allows the State to designate health care providers to treat your workplace injuries and illnesses. Workforce Safety and Insurance may not pay for medical treatment to another provider unless you are referred to this provider by the designated medical provider, or unless you notified us in writing prior to the injury that you wanted to be treated by a different medical provider. You must also name the medical provider you designate. Emergency care is exempt from this designated provider requirement. Our Designated Medical Providers are Essentia and Sanford Clinic both in Valley City, ND.

I, the undersigned participant, acknowledge that I am undertaking this activity on a volunteer basis, and that there is no expectation or obligation of payment for my volunteer activity. I also acknowledge that my volunteer activity does not count toward total weekly or monthly working hours for benefits purposes, including the application of the Affordable Care Act. I have read this entire letter of agreement, understand its contents, accept the terms and conditions of this agreement, and agree to comply with all the rules and regulations established by Valley City State University in working as a volunteer.

Name: _____ Social Security #: _____

Signature: _____ Date: _____

The remaining section of this form to be completed by the Supervisor

Begin Date: _____ End Date: _____

Supervisor Name: _____ Department: _____

Supervisor Approval Signature: _____