TEXAS STATE UNIVERSITY
Human Resources

Volunteer's Release/Appointment Form

This form to be completed by the Account Manager
(For the area in which volunteer provides services)

Volunteer name: _____ Volunteer phone no. _____

Sponsor name: _____ NetID: _____ Phone no. _____

Sponsoring department: _____ Dept. head: _____

Effective date: _____ Estimated volunteer hours: _____

Description of duties: _____

_____

Releases: The Board of Regents, Texas State University System, Texas State University, the supervisor named above, and all employees and agents of Texas State, acting officially or otherwise.

Volunteer's Statement:

Services: During the time specified, I will be performing volunteer services described above for Texas State University.

Volunteer Status: During this period, I will not be an employee or agent of Texas State University and will not be paid for my services or be eligible for employee benefits, including workers' compensation benefits.

Release: In consideration for Texas State University providing me this opportunity, I (for myself, my heirs, executors, and administrators) release, discharge, and agree not to sue the Releases named above for any claim that I may have arising from my volunteer status. This release includes claims for injuries to me (including my death) and damage to my property that may occur from any cause during the period of my service.

Employment Status: I certify that I am (check one):

☐ Not employed by the State of Texas, Texas State University, or the Texas State University System. I am performing the proposed volunteer service for charitable, civic or humanitarian reasons.

☐ An employee of the State of Texas, Texas State University, or the Texas State University System. The proposed volunteer service is in a different occupational capacity from that in which I am employed, and I am performing the volunteer service for civic, charitable or humanitarian reasons. My employment at Texas State is as follows:

Job Title: _____ Department: _____

Supervisor name: _____ Telephone no. _____

I have read this release and understand it. I sign it voluntarily as my own free act. No person has made any additional representations to induce me to sign this agreement. I execute this agreement having received full and adequate consideration for it, intending to be bound by it and by Texas law.

Volunteer's Signature: _____ Date: _____

Dept. Head Signature: _____ Date: _____

The account manager must keep a copy of the signed release on file for the amount of time indicated in the online Records Retention Schedule for LEG500 documents: Waivers: Hold Harmless, Liability, and Release Records.