PRIVATE INDIVIDUALS WHO VOLUNTEER SERVICES TO
Western Carolina University

Volunteer’s Name: ____________________________

Department volunteering for:

Dates of Services: ____________________________

Start Date: ____________________________

End Date: ____________________________

Type of Service:

Is this person an unpaid Affiliate Faculty* ? ☐ Yes ☐ NO **

If so – please refer to WCU Policy #6.

This person will perform the following services for WCU (details including services to be performed, dates and times):

Agreement: I agree to volunteer the above described service beginning on ____________. I am considered a volunteer and not an employee of Western Carolina University because for these services, my hours of service are provided with no promise, expectation, or receipt of compensation for the services rendered. I am at least 18 years of age. As an agency of the state of North Carolina, the University will be responsible for the negligent conduct of its officers, agents, and employees acting within the course and scope of employment or service to the University. Volunteers may be protected under the North Carolina Tort Claims Act and the Excess Liability Policy administered through the North Carolina Department of Insurance provided that: (1) the Volunteer is properly engaged under a Volunteer Services Agreement as a University Volunteer; (2) the Volunteer acts only within the course and scope of his/her assigned duties under this Agreement; and (3) the University exercises sufficient control over the Volunteer in the provision of services under this Agreement.

For current WCU employees who are serving as Affiliate Faculty/Volunteers, the services as described above must take place outside of the employee’s WCU regular work hours or be reflected as leave on their leave report.

Volunteer’s Name (Print) ____________________________

Volunteer’s Signature ____________________________ Date ____________________________

Administrator’s Name (Print) ____________________________

Administrator’s Signature ____________________________ Date ____________________________

Dean’s Name (Print) ____________________________ (Required for Affiliate Faculty)

Dean’s Signature ____________________________ Date ____________________________

* Affiliate faculty as defined by APR 12: Affiliate appointments to the faculty may be made to individuals who provide ancillary services to the University's instructional program but who are not regular employees of Western Carolina University. Ordinarily, such individuals are employed and paid directly by another institution or agency with which Western Carolina University maintains an affiliation for purposes related to the instructional program of one or more departments.

** It is important to note whether or not the individual is an Affiliate faculty for appropriate Library access purposes.

Affiliate Faculty will also need to complete a FERPA agreement.

Affiliate Faculty who are instructor of record are required to have an AA21 completed and approved by the Provost's office for credentialing purposes. AA21 form

NOTE: For IT access purposes, be sure to complete and attach a guest access form found at GUEST ACCESS

Return to Attn: Diana Catley, Office of Human Resources, 220 HFR.