|  |
| --- |
|  |
| ***Text, logo  Description automatically generated*** | **Non-POT Volunteer Paper Form** |  |
|  |
|  |
|  |

|  |
| --- |
| **Purpose of the Form:** The use of this form is to provide day-of-event, volunteer permission for those that are not in a Position of Trust assignments. Upon acceptance of the Volunteer, provide a copy of this form to said person. It is the Supervisor or Department’s responsibility to complete the online E-Form for each volunteer that completed a Non-POT Volunteer Paper Form within two business days following the volunteer event.  |

|  |
| --- |
| **Supervisor and Department Information** |
| Supervisor Name: |  | Supervisor Contact Number:  |  |
| Division: |  | Department:  |  |

|  |
| --- |
| **Event Information** |
| Name of Event: |  |
| Start date: |  | End date (if more than one day): |  |

|  |
| --- |
| **Volunteer Information** |
| Volunteer Name: |  | UWSP Alumni? (Yes or no): |  |
| Volunteer Duties: |  |

|  |
| --- |
| **Special Notes** |
| Your volunteer status qualifies you for extension of the professional liability coverage provided to agents of the Universities of Wisconsin so long as any potential liability occurs while you perform duties that fall within the scope of the description provided above/attached. This position carries no remuneration, and you are not eligible for any benefits (i.e. health insurance, worker’s compensation, etc.) other than those specifically set forth within this letter. Since volunteers are not covered by the State's worker compensation program or health insurance, you are advised to maintain your own health and accident insurance.For volunteers engaged in instructional activities: This offer does not involve the full range of teaching, research, and service responsibilities of the probationary and tenured faculty. In addition, the position carries no expectation of tenure and is not subject to normal faculty/instructional academic staff policies/procedures.Your service to the University may be terminated at any time prior to the end date specified by your supervisor without notice. As a volunteer, you are not considered an employee of the University. |

|  |
| --- |
| **Acknowledgement and Agreement** |
| After review of the **UWSP Criminal Background Check Policy** ([https://www3.uwsp.edu/hr/Documents/Background Check Policy.pdf](https://www3.uwsp.edu/hr/Documents/Background%20Check%20Policy.pdf)) and consultation with UWSP Human Resources (if needed), I, the Supervisor, have determined that this position is NOT a Position of Trust (having access to property and/or financial/money) OR a Position of Trust for Vulnerable Populations or will engage with minors in a covered activity identified in the **UWS Administrative 625 Policy: Youth Protection and Compliance** (<https://www.wisconsin.edu/uw-policies/uw-system-administrative-policies/youth-protection-and-compliance-2/>). |
|  |
| **Supervisor Signature of Acknowledgement Date** |
| I, the Volunteer, have reviewed, understand, and accept the terms and conditions related to my service as a volunteer outlined in this letter and at <https://www.uwsp.edu/hr/Pages/Volunteers.aspx>. |
|  |
| **Volunteer Signature Date** |
|  |
| **Name, Parent/Guardian of Volunteer (if Volunteer is under the age of 18)** |
|  |
| **Parent/Guardian of Volunteer Signature Date** |