

**UNIVERSITY OF SOUTHERN CALIFORNIA
SCHOOL OF DENTISTRY**

VOLUNTEER AGREEMENT

We are pleased that you have decided to volunteer your services to the University of Southern California and the USC School of Dentistry (specify area of SOD) _____ (hereafter referred to as "USC").

Also, please accept our sincere thanks for your valuable contribution to USC.
Please confirm your agreement of the terms set forth herein by signing below:

1. I agree that as a University volunteer my participation in the activities outlined in the attached USC Description of Volunteer Service is without valuable consideration. That document shall be considered a part of this agreement. I am not an employee of USC. I am donating my services to USC with no expectation of payment.
2. I understand that the University shall have the right to release me as a University volunteer without prior notice. I understand that I do not have a formal work appointment for these particular services.
3. I understand that anything I may create (inventions, copyrightable works, etc.) during my volunteer period shall belong to the University and I hereby assign all my rights and interests in and to such creations to USC.
4. While working on USC premises I agree to abide by all rules, regulations, procedures, practices and instructions of the University and to use reasonable care in all that I do. As a volunteer at the USC School of Dentistry, I may not engage in direct patient care or sterilization activities.
5. I understand that as a university volunteer I am covered by Workers' Compensation insurance should I incur any injury or illness arising out of or in the course and scope of my volunteer work. I understand that I am entitled to no other medical benefits, or benefits of any kind, as a result of my University volunteer affiliation. I will immediately report any injury to the department to which I am volunteering.
6. USC agrees to provide me with third party liability insurance to protect me from any claims filed against me related to the duties described in the attached USC Description of Volunteer Duties. In exchange, I, on behalf of myself, my heirs, and my representatives do hereby release, indemnify, and hold harmless USC or any of its officers, agents, or employees from any all liability, damage, or claim of any nature that arises out of or related to my volunteer activities.
7. I am aware of the terms and conditions of this agreement and am signing this agreement of my own free will. Further, by signing this agreement I attest to the fact that I am eighteen years of age or older.
8. This agreement is valid for the period beginning _____ and ending _____ and that I will spend approximately _____ hours per day or per week (please indicate by circling) providing volunteer services.

University Volunteer's Signature _____ Date _____

Home Address _____ Phone _____

Emergency Contact _____ Phone _____

3 copies needed: (1) The University volunteer (1) USCSD HR (1) the clinic office where volunteer will be reporting. This agreement will be retained for three years from University volunteer separation.

UNIVERSITY OF SOUTHERN CALIFORNIA
DESCRIPTION OF VOLUNTEER SERVICE

Name of Volunteer: _____

Are you currently a USC employee or enrolled USC student? Yes No

If yes, please circle: Employee Student USC ID _____

Period of USCSD Volunteer services: From _____ To _____

Volunteer Services to be provided:

Department for which volunteer services will be provided: _____

Specific location(s) at which volunteer services will be provided: _____

USC employee(s) to whom the Volunteer will report:

SUPERVISOR NAME _____

SUPERVISOR SIGNATURE _____

SUPERVISOR PHONE NUMBER _____