CALIFORNIA INSTITUTE OF TECHNOLOGY

VOLUNTEER AGREEMENT AND RELEASE

We are pleased that you have decided to volunteer your services to the California Institute of Technology (Caltech). This agreement is valid for the period beginning [date] and ending [date]. You will be volunteering in the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of laboratory or office).

Please affirm your acceptance of the terms of this agreement, stated below, with your signature.

1. I am:

□ not currently working for Caltech as an employee.

□ currently a Caltech employee

□ a former Caltech employee

□ an employee of a temporary agency assigned to work at Caltech

□ a subcontractor or the employee of a Caltech subcontractor providing services to

Caltech

□ an employee of the Federal Government, including NASA

Should this status change, I agree to notify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[name of office] immediately.

2. I acknowledge that I have initiated the request for an opportunity to volunteer.

3. I agree that as a Caltech volunteer, I will not receive and I have no expectation of receiving, any payment or compensation from Caltech for performing volunteer services. I understand that my volunteer position does not constitute an employee-employer relationship with Caltech. If I am a Caltech employee, I acknowledge and agree that the volunteer services I am providing are different from my regular Caltech job duties.

4. I understand that Caltech shall have the right to release me as a Caltech volunteer without prior notice. I understand that I do not have a formal work appointment for these particular services. I understand that I may discontinue this arrangement at any time.

5. I understand that I am required to sign Caltech’s Patent Agreement, attached hereto.

6. I agree to abide by all rules, regulations, policies, procedures, practices and instructions of Caltech and to use reasonable care in all that I do. I understand that I am required to sign Caltech’s confidentiality agreement, attached hereto...

7. I certify that I am capable of performing the activities of a volunteer at Caltech and know of no physical condition that would preclude my performance of those duties. I am aware that there may be hazards associated with these volunteer activities and I am voluntarily participating in them with the knowledge of these particular hazards

8. I understand that Caltech will maintain workers’ compensation coverage for me while I am volunteering under this Agreement. As a condition for my participation as a Caltech volunteer and in consideration of my use of Caltech facilities and equipment, I understand and agree that in the event I am injured or contract an illness or disease either during or after my Caltech volunteer service as a result of such service, that I am hereby electing to be covered under the Caltech workers’ compensation program as a volunteer for Caltech, and that this coverage shall be my **SOLE AND EXCLUSIVE REMEDY FOR ANY AND ALL SUCH INJURIES, ILLNESSES OR DISEASES.** This election of remedy shall be binding on me, my heirs, administrators, executors and assigns. I understand that that I may file for workers’ compensation benefits if I am injured or become sick as a result of my volunteer activities. No other insurance or benefits will be provided.

9. I release Caltech, its trustees, officers, employees and agents from any loss, damage or injury sustained in connection with my volunteer activities.

10. To the extent that I am not a citizen or permanent resident of the United States, I certify that I have an appropriate visa status that authorizes me to be present in the United States and allows me to participate in this volunteer activity.

11. I will spend approximately \_\_ hours [per day, per week or per year] providing volunteer services

12. I certify that I am over 18 years of age.

Caltech Volunteer’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor or Supervising Faculty Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Division Administrator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_