



EXTERNSHIP AND VOLUNTEER RISK ASSESSMENT AND AGREEMENT FORM

Use This Form for Sponsored Externships Including Volunteerism, Service-Learning, Practicums, Field Placements, and Internships

Thank you for serving your community through the _____ (“Department”) at Our Lady of the Lake University (“OLLU”). We sincerely hope that all of your experiences will be worthwhile and meaningful and will allow you to positively impact your community. In order to make this happen, we first want to make you aware of some of the rules, guidelines, and risks inherent in any service experience. For your own safety and protection, please read this form carefully and sign below.

Confidentiality and Professionalism: Professionals in many fields are obligated to maintain confidentiality between themselves and their clients or patients. In many ways the people you will serve are your clients and deserve that same respect and consideration. Do not use specific names or identifying circumstances in any reflection, discussion, or written material on your experience without explicit written permission. Do not take photos or video of the clients at your program site or of the clients, without specific consent from the community partner and either the Department or class instructor. Also, it is unlikely, but possible that you may witness or hear about something that is illegal or immoral while working at the service site. Decisions on what to do in each instance can be complex so do not try to deal with the problem alone. Contact the Department, the site leader, or agency representative immediately.

Risk Assessment: We do not expect that you will encounter any unreasonable risks at your site. However, please take these steps to protect yourself against any unforeseen injury or accident:

- Pay careful attention to any orientation given to you by the Department, site leader, and/or agency representative.
- Know your limits. If you feel uncomfortable or unsafe in any situation, stop what you are doing and discuss it with a site leader or agency representative.
- Be on alert. You can help yourself and other volunteers by taking special care to be aware of your surroundings at all times.
- Follow the rules and guidelines laid out by the Department and the agency. These are in place for your safety and protection and can greatly reduce the risk of injury or accident.

Insurance Coverage and Emergency Care: Please be aware that OLLU does not provide medical insurance for its off-campus service activities. Any injury or accident that occurs while participating in service at the site is not covered by OLLU insurance. Please also be aware that if you participate in a carpool, OLLU does not provide automobile insurance for drivers or passengers who are not in University vehicles. Before participating in service, you should review your own personal medical and automobile insurance coverage. In some cases, you may be asked to show proof of this coverage. Should an emergency situation occur, site leaders will do their best to act in your best interest. In order to allow them to do so, you agree and authorize the Department, the site leader or agency representative to release any information necessary to admit you to a facility and receive medical treatment deemed necessary for your health and welfare. Please provide your emergency contact information below.

Publicity Release: You are the best representative of the work we do and the impact we make on the community. Therefore, you agree to grant OLLU permission to use your name and likeness for positive publicity for the University.

For my own safety and protection, I have read the above information and am aware of the rules, guidelines, and risks inherent in any service experience. I will obey and follow the pertinent rules and guidelines. I grant OLLU permission to use any tapes, photos, or video of me, or my likeness, for positive publicity for OLLU. I also agree that OLLU may release information about me (i.e. name, email, phone number, and address) to service partners or other associated collaborators on this project and for other purposes consistent with the operation of a nonprofit enterprise.



Further, I do for myself, my heirs, and personal representatives hereby defend, hold harmless, indemnify, release and forever discharge any and all its officers, agents, and employees from and against any and all claims, demands, and actions, or causes of action, on account of damage to personal property, or personal injury, or death which may result from my participation, from causes beyond the control of and without the fault or negligence of OLLU, its officers, agents, or employees during the period of my participation.

Finally, I understand that this form will remain in effect for five years from which it was signed. This authorization is voluntary, and I may revoke it at any time by submitting my revocation in writing to the Department indicated above. The revocation will not affect any actions taken before the receipt of this written notification.

<p>I am over 18 (eighteen) years of age.</p> <p>By signing below, you certify that you have read this agreement, know and understand the meaning and intent of this agreement, and that you are entering this agreement knowingly and voluntarily.</p> <p>Signature* of participant _____</p> <p>Print Name _____</p> <p>Program/Course _____</p> <p>Address _____</p> <p>_____</p> <p>Email: _____</p> <p>Phone number _____</p> <p>Emergency Contact Name _____</p> <p>Emergency Contact Number _____</p> <p>Relationship _____</p> <p>Date _____</p>	<p>If not over 18:</p> <p>I represent that I am the legal guardian and/or parent of the participant named below. I hereby consent to the foregoing on his/her behalf.</p> <p>Signature* of guardian/parent _____</p> <p>Print Name _____</p> <p>Address _____</p> <p>_____</p> <p>Phone number _____</p> <p>Participant Name _____</p> <p>Participant Number _____</p> <p>Participant Email: _____</p> <p>Program/Course _____</p> <p>Date _____</p>
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* By inserting your name alone you are authorizing electronic signature

****INTERNAL USE ONLY****

Instructions for OLLU Employee

- Under no circumstances will anyone be allowed to participate without a completed form.
- Completed forms should be saved to the OLLU Department’s shared drive and/or filing system within five (5) business days, and archived in accordance with the OLLU Record Retention Policy
- OLLU Compliance SharePoint site link: <https://ollusa.sharepoint.com/sites/OLLUCompliance>