



4400 University Drive, Fairfax, VA 22030
Phone: 703-993- Fax: 703-993- MSN:

MEMORANDUM FOR APPOINTMENT OF VOLUNTARY WORK

TO:
FROM:
SUBJECT: Voluntary work for George Mason University (Mason)
DATE:

Thank you for volunteering to work at Mason office/department of _____
The purpose of this memorandum is to explain certain procedures and the scope of your work.

You have agreed to work _____ hours and _____ days. Start Date: _____ End Date: _____

Your Job title will be _____

A short summary of your jobs tasks will include:

If duties involve working in Mason Laboratories include the Acknowledgement of Laboratory Risk for Volunteers Form.

Duty #1

Duty #2

Duty #3

Your supervisor(s) name will be _____ Supervisors Position: _____

All of your volunteer activities will be in their name. Please keep them informed of your activities and any anticipated need to expend or commit Mason resources. Please specify if the volunteer is authorized to make financial commitments. _____

While carrying out Mason duties in your volunteer capacity, you will be an agent of the Commonwealth; and as such, liability claims for simple negligence will be covered under the State's Risk Management Plan. This coverage does not include the willful disregard of safety or illegal acts. Further, if you are injured within the scope of your volunteer duties, Mason carries insurance that will pay up to \$10,000 for medical bills. Your personal property and your vehicle are not covered under the State Plan. If you have any insurance question, please contact the Office of Risk Management at 703-993-2599.

Additional forms needed: A completed and signed copy of the [Commonwealth's Alcohol & Drug Policy](#), review the [Data Stewardship Policy](#), and complete and sign a Confidentiality Statement, if applicable, provided by your department.

Signature of Volunteer

Date

Signature of Parent of Guardian (if volunteer is under 18)

Date

Signature of Department Supervisor

Date

Attachments: (as appropriate)