

(Date)

(Volunteer)
(Name & Address)

Subject: Volunteer Capacity

Dear (Volunteer name):

I am pleased you have volunteered to serve Eastern Illinois University and its Board of Trustees for a period of time to be determined by (the title of supervisory individual(s), Department, College). During the time that you serve as a volunteer you may be: *

- present and participating in (describe volunteer duties).
- participating in other departmental activities, as invited by the (appropriate title).
- performing other volunteer duties for the (appropriate department), as invited by the (Dean or appropriate official).

As a volunteer, you will not receive any salary or other employee benefits. However, you will be covered for negligent acts within the course and scope of your volunteer duties by the State Employees Indemnification Act. You will not be eligible for Workers Compensation.

Please sign below signifying acceptance and understanding of these conditions.

Thank you for your willingness to continue to serve Eastern Illinois University, the Board of Trustees, and its students!

Sincerely,

(Dean or other authorized signature)

Accept and Understand

Approved:

Date (Volunteer's Name)

Vice President for Business Affairs

*The below listed categories are sample wording. You may describe the duties in your own words.