Maine Maritime Academy

Volunteer Assignment Agreement
(return completed form to Human Resources)

Name: _____ Telephone #: _____
Email: _____
Address: _____

Sponsoring Department – complete this section of the form before sending it to the volunteer.

Project Title: _____
Department: _____
Supervisor: _____
Location: _____

Date of volunteer service: from _____ to _____

*Reimbursable expenses: _____
(if not applicable, indicate N/A)

Volunteer risk level: _____ (definitions provided by HR)

Insurance: All volunteers must be 18 years of age or older to be enrolled in MMA's accident policy.

Are you 18 years old or older? ☐ Yes ☐ No

All volunteers are furnished with personal liability insurance through MMA Risk Management Services.

In case of emergency notify: _____
Address: _____
Relationship: _____

I understand that volunteers are not considered to be employees of MMA and will operate vehicles or equipment only if they hold a proper license and have specific permission from the person administering their volunteer project.

I have read this agreement and understand my duties. It is understood that this agreement may be canceled in writing by either party at any time.

_____ _____
Volunteer Signature Department Head Signature