

Thank you for volunteering with WFAE. The purpose of this agreement is to provide a clear understanding of the expectations and obligations of a WFAE volunteer.

Volunteer Name _____

Daytime Phone Number _____ **E-mail address** _____

Assigned Supervisor/Pledge Captain:

Duration of Agreement: Two years from the Volunteer's signature date below.

GENERAL TERMS

As a Volunteer, I agree:

- To abide by all applicable policies and rules of University Radio Foundation, Inc. and WFAE. These policies include but are not limited to, rules on sexual harassment, nondiscrimination, drug and alcohol abuse, and a smoke-free environment. These policies are available upon request.
- That I will not receive any wage, salary, benefits or other compensation for my volunteer services. Further, I understand that I will not be considered under this agreement or otherwise, as having employee status or be extended coverage under unemployment and Workers' Compensation insurance, or be entitled to participate in any plans, arrangements or distributions by University Radio Foundation, Inc. or WFAE pertaining to or in connection with any pension, bonus or similar benefit plans.
- That I or WFAE may terminate this agreement at any time without prior notice.
- That I may not act for, represent, or bind WFAE in any manner.
- To defend, indemnify and hold harmless WFAE from any and all loss or damage to persons or property which WFAE, its employees, or other parties may suffer on account of any accident or occurrence caused by my negligence or misconduct.

CONFIDENTIALITY

In performing my volunteer services at WFAE, I understand that I will see and have access to confidential or sensitive information and documents related to WFAE and University Radio Foundation, Inc. Confidential Information may be in a variety of forms, including but not limited to paper or electronic format and in possession, custody and/or control of employees who work at WFAE and University Radio Foundation, Inc. Confidential Information includes but is not limited to, programming plans, business plans, financial information and information about personnel, donors and listener-members, including donors' credit card information, and other sensitive information. I understand that the disclosure of Confidential Information may cause irreparable harm to WFAE and University Radio Foundation, Inc.

Specifically, I understand and agree that:

- I will not use Confidential Information for my own personal or other inappropriate purposes.
- I will not copy for my own use, any document that I am given, shown or have access to, except to the extent that I am given permission to do so by my supervisor.
- I will not remove any document or file from WFAE or University Radio Foundation, Inc property.
- I will not look at, examine or retrieve any document or file except those to which I am given access or that I am otherwise authorized to handle.
- I will not discuss with anyone, unless authorized by my supervisor, any fact, matter, document, or file, the substance or the existence of which I would have known except for the duties I perform at or for WFAE.
- If I am uncertain whether a particular fact, matter, document or file is covered by the confidentiality strictures of this agreement, I will resolve all uncertainties in favor of preserving the confidentiality of that item, and I will seek clarification from my supervisor before engaging in any conduct that may jeopardize the confidentiality of that item.
- I understand that WFAE will take all necessary steps to respond to any violation of the terms in this agreement, including without limitation, referring such violations to appropriate law enforcement authorities for appropriate adjudication or prosecution.
- I understand that these Confidentiality provisions will survive the termination of my services at WFAE.

By dating and signing this agreement in the spaces provided below, I certify that I have read this agreement, that I understand the terms and conditions therein and I agree to abide by them.

Signature

Date

Printed Name