



Volunteer Acknowledgement and Risk Form
University of Texas Medical Reserve Corps (UTMRC)

Volunteer Name _____

Email _____

Phone _____

Site where volunteer could provide services:

- UT Health Vaccine Clinic
- Family Wellness Vaccine Clinic
- Other _____

Volunteer Acknowledgements

- Documents. I do understand that I have provided UTMRC, through Texas Disaster Volunteer Registry (TDVR) with the following information, and authorize UTMRC to share with the human resource contact where I will be assigned to provide volunteer services.
 - Copy of photo page of passport or copy of Driver's License
 - Copy of medical license (if applicable)
- Screening. I understand that the UTMRC will conduct a screening to ensure a valid medical license and a clear background check.
- Insurance. I understand that the UTMRC will not provide insurance (including health or malpractice insurance) to me.
- Assignment. I understand that my assignment will be at a site indicated above and I will be responsible to complete the on-boarding process at that site to provide volunteer services. I will be a direct volunteer of the receiving entity.
- Volunteer Risks. The UTMRC intends to mitigate and prevent risks to volunteers. Every attempt will be made to reduce risks to volunteers through training, education and use of universal precautions.

Volunteers Protected from Legal Liability

Under the Volunteer Protection Act of 1997, people who volunteer for non-profit organizations or governmental entities cannot be held liable for any harm (except for a harm caused by operation of a motor vehicle or a harm caused by criminal conduct or gross or reckless misconduct) that they may cause while engaged in volunteer activity. This organization (or entity) qualifies under federal law, so if you volunteer, you can do so secure in the knowledge that by volunteering you are not exposing yourself to additional legal liability. (www.texmed.org/pmt/lel/volunteerprotectionact)

Be aware, however, that some unanticipated risk possibilities may be present both during a public health emergency and during non-emergency work with direct patient contact. Medical Reserve Corps volunteers agree to assume their own risk as a volunteer. Any incidents, accidents or injuries should be reported to the UTMRC Volunteer Safety Officer immediately: Cilla Parkison, cillaparkison@utexas.edu, or 831-236-9037 (text or call).

I have read and acknowledge the UTMRC policy on Volunteer Risk. I understand its contents and have had the opportunity to ask questions regarding my risk as a volunteer (please contact Jeff Wagner at jeffamy3@mac.com with any questions). I agree to assume my own risk as a volunteer and will report any incidents, accidents, exposures, or injuries immediately to the appropriate UTMRC volunteer coordinator. The University of Texas at Austin nor UTMRC will not be responsible for any injuries/illnesses I incur in the performance of my duties as a volunteer.

MY SIGNATURE BELOW ATTESTS TO THE FACT THAT I HAVE READ, UNDERSTOOD AND AGREED TO BE LEGALLY BOUND TO ALL OF THE ABOVE TERMS.

Print Full Name _____

Signature _____ Date _____

Handwritten or digital/e-signature accepted