

South Dakota State University
Unpaid Adjunct or Volunteer Work Agreement

Attach a current copy of University Policy 4:8 to this Document.

Submit completed form to the Human Resources
Office Morrill Hall 100, Box 2201, SDSU,
Brookings, SD 57007
Or by Fax to (605) 688-5822

I, _____, agree to perform the duties and responsibilities of the volunteer position mutually agreed to by myself and the department and that are not prohibited by [University Policy 4:8\(3\)\(h\)](#). These civic, charitable, or humanitarian duties include:

I understand that my services are voluntary and that I will not be compensated. I further understand that volunteer workers are provided worker's compensation coverage upon completion and processing of this Agreement, and that I may be covered by the same terms and conditions applicable to state employees according to the liability coverage program for public entities while performing volunteer service.

I understand that while serving as a volunteer, I am subject to all University and South Dakota Board of Regents policies, including but not limited to University Policy 4:8, which is attached for my review, as well as those policies regarding safety and security, non-discrimination, sexual harassment, and drug and alcohol use. I understand it is my responsibility to familiarize myself with the University policies, which can be found at <https://www.sdstate.edu/policies/>, as well as any policies applicable to the department through which I am volunteering.

I understand that if I am not a citizen or permanent resident of the United States, I must provide documentation of my visa status to the University. I further understand that an individual holding a temporary visa may not serve as a volunteer in a position where others receive compensation or perform the same services. An individual with a pending H-1B visa application to work at the University cannot serve as a volunteer. I understand that volunteer status may not be used as a way to avoid or defer compliance with the employment eligibility requirements of federal immigration laws.

I agree to assign, and I do hereby assign, to the South Dakota Board of Regents my right, title, and interest, whether present or expectant, in intellectual property that I may create, author, invent, or reduce to practice pursuant to my services as a volunteer to the extent provided in [South Dakota Board of Regents Policy 4:34](#). I understand that Board Policy 4:34 not only establishes the obligations to assign and to disclose intellectual properties, but also reserves certain rights to creators of intellectual property and defines conditions under which the Board of Regent's rights of ownership may be waived in whole or in part.

I also understand, depending on my volunteer services, that I may be subject to a background check and/or license verification.

I understand that I am under no obligation to provide any services to the University and I am free to discontinue my volunteer activities at any time. I further understand that the University may terminate any volunteer relationship at any time without cause or prior notice and at its sole discretion.

By signing below, I acknowledge that: I am at least eighteen (18) years of age; I have read this Agreement and University Policy 4:8 in full, I fully understand the terms of both, and I agree to serve as a volunteer under the terms and conditions outlined therein; that I have no expectation of compensation nor have I received any promise of compensation for my volunteer services described herein; that if I am currently a Board of Regents employee, these volunteer services are not similar or identical services that I provide as an employee of the Board; and that I sign this Agreement and provide these services freely and without pressure or coercion, direct or implied.

Volunteer Signature _____ **Date:** _____

Department _____ **Department Signature:** _____

Department Contact Phone: _____ **Dates of service: Start:** _____ **End:** _____

SDSU BACKGROUND CHECKS DUTIES QUESTIONNAIRE

Complete this form fully checking **yes** or **no** as it applies to the duties of this position.

Name of potential hire: _____ Department: _____

Title: _____ Position Number (If applicable): _____

Excerpt from the [Background check policy 4:1\(3\)](#):

b. As a condition of employment or appointment as a volunteer, the University performs the following background check components on positions with the following responsibilities in conformity with applicable laws, regulations, and standards. (This includes, but is not limited to, both emergency hire and temporary positions. Positions are listed by way of example, not exclusion):

i. The University will perform Criminal History Checks, Sex and Violent Offender Registry Checks, or combinations thereof for all positions that entail:

- _____ Yes _____ No **1.** Direct access to, or responsibility for, controlled substances (e.g. Wellness Center, Pharmacy, laboratories);
- _____ Yes _____ No **2.** Direct access to or responsibility for hazardous materials or hazardous biological agents (e.g. laboratories);
- _____ Yes _____ No **3.** Control of confidential data files, essential electronic information resources, confidential information, or combinations thereof (e.g., HR, auditing, student affairs officers, information technology, faculty);
- _____ Yes _____ No **4.** Master key access to multiple buildings or large amount of space, or control of University facilities (e.g., facilities coordinators/directors, locksmith, custodian, staff or student positions with access to facilities or residences);
- _____ Yes _____ No **5.** Extensive authority for committing the financial resources of the University, or direct access to large amounts of cash (e.g., VP's, Bursar, cashiers, and other staff with responsibility for handling cash assets, approving purchases or committing financial resources);
- _____ Yes _____ No **6.** Direct responsibility for care, safety, or security of human beings, including also vulnerable individuals, minors, or disabled (e.g., Instructional faculty, health and counseling staff, residence hall staff, coaches, 4-H staff, Trio academic coordinators, camp staff, Instructional graduate students, coaches, police, and other staff directly related to students and/or transporting staff or students);
- _____ Yes _____ No **7.** Senior administrator able to have credibility in conveying campus policy on the university's drug and alcohol issues (e.g. VPs, Assistant VPs, Deans, Assistant Deans, Head Coaches and Directors);
- _____ Yes _____ No **8.** Operating a vehicle or motorized equipment is an essential function of the position;
- _____ Yes _____ No **9.** Any other position funded by a contract which lawfully requires a background check (e.g. National Child Study).

If the answer is 'Yes' to any of nine criteria listed above, a background check is required. Please provide the email address of the potential appointee: _____

HireRight will send an email invitation to this address. Notify us if the email is not received within one business day. We will forward a copy of the invitation email to the individual. The hiring process may **NOT** continue until the background check is complete.

If the answer is 'No' to all nine criteria, a background check is not required and the hiring process may continue.

Completed by

Date

Print Name

Phone Number

Welcome to South Dakota State University

I. Personal Information: Name (exactly as it appears on your Social Security Card):

Name: _____
Last First Middle Other Last Names Used

Social Security #: _____ Date of Birth: _____ Phone Number: _____

Permanent/Mailing Address: _____
Street City State Zip Code

Marital Status: Single, Widowed, Divorced Married or Legally Separated

II. Position Information:

Department: _____

Title: _____

III. Veteran's Status:

Not a Veteran Protected Veteran Armed Forces Service Medal Indicator
 Active Wartime or Campaign Badge Not a Protected Veteran

IV. Affirmative Action/Equal Employment Opportunity Information:

*Information requested here will **ONLY** be used for statistical or Affirmative Action purposes and will be treated as confidential. Completing this section is optional, but if you choose not to, a visual determination will be necessary.*

ETHNICITY: Hispanic or Latino Not Hispanic or Latino

RACE: *If you are Not Hispanic or Latino, select one or more below:*

American Indian/Alaskan Native White
 Hawaiian or Other Pacific Islander Asian
 Black or African American

CITIZENSHIP: Non-Resident Alien Alien Substantial Presence
 Resident Alien/Permanent Res US Citizen

GENDER: Female Male

DISABILITY: SDSU is required by the Rehabilitation Act of 1973 to take affirmative action to employ disabled individuals. If you have a disability and wish to be considered under this affirmative action program, please check here:

Yes – I have a physical or mental disability (limitation)

Submission of any information above is voluntary and refusal to provide it will not subject you to adverse treatment.

V. Signature: _____ Date: _____