**To:**

*(Student Name)*

**Date:**

**Re:** Volunteer Activities

The following letter outlines the nature and conditions associated with your volunteer activities with the University of Saskatchewan, hereinafter referred to as “the University”. *[Note: Contact the faculty member/research scientist in charge of the lab to ensure that appropriate documents are in place before entering into any volunteer arrangement and commencing activities. If the individual is a non-Canadian, the Human Resources Division will need to be consulted regarding immigration issues before the arrangement is finalized. All volunteer arrangements must be reported to the Office of the Vice Dean Research.]*

**Nature of Activities**

The project will focus primarily on *[insert description of activities]*.

In order to provide a meaningful experience and exchange of services, the activities associated with the project will be carried out at the following agreed to times/days: *[list, including start and end dates and times of work]*. Your services are voluntary and thus either party can end this arrangement at any time. However, if you are unable to continue to participate, as much notice as possible is appreciated.

There is no remuneration associated with the project and you are not an employee or agent of the University.

As volunteer participation in research activities during the academic year may impact your academic progress, you are required to receive confirmation that you are a student in good academic standing in the Undergraduate MD Program.

**Worker’s Compensation and Disability Benefits**

Volunteers do not qualify for Worker’s Compensation or any other University disability benefit in the event of injury sustained in the course of, or as a result of, their volunteer activity. As such, you are responsible to ensure that you have adequate personal injury, disability or life insurance coverage to meet your needs for the period that you will be assisting as a volunteer.

Supervisor Name Supervisor Signature

**I understand and accept the conditions and arrangements described above:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Volunteer Name Volunteer Signature

Date: