INTRODUCTION:

Emory University and Emory Healthcare’s Professional and General Liability Insurance (“Liability Insurance”) covers its faculty, staff, students and alumni when: faculty and staff are acting in the course of their employment; when students are participating in an activity for which they are receiving academic credit; and when an employed faculty or staff member, student or alumni (when participating in an activity sponsored by the Office of Alumni Affairs) is participating in an Approved Volunteer Activity.

This guideline defines an Approved Volunteer Activity.

GUIDELINE DETAILS:

Emory Deans, Vice Presidents, Department Chairs and Section Heads, or those individuals to whom they report, or Emory Healthcare’s Executive Team (those with Chief in their title) (“Decision Maker”) have the authority to approve a Volunteer activity as an Approved Volunteer Activity. Such Approved Volunteer Activities must meet the following conditions:

(1) The Volunteer activity is consistent with and supports the mission of Emory and the school or department.
(2) The Volunteer activity benefits a nonprofit entity or the general public.
(3) The Volunteer activity must not contain an unacceptable level of risk to the Volunteers and to Emory University or Emory Healthcare from a reputational, safety and financial standpoint. Guidelines for evaluating risk are included in Appendix A.

The request for, and approval of, a Volunteer activity as an Approved Volunteer Activity should be made to the appropriate Decision Maker in writing. Each department must maintain records of all Approved Volunteer Activities. Approved Volunteer Activities must be evaluated every two years by the relevant Decision Maker. Volunteer activities carried on by recognized student groups or the Office of Alumni Affairs that meet the above conditions and that are approved pursuant to the standard policies of the Department of Campus Life or the Office of Alumni Affairs are deemed to be Approved Volunteer Activities. Failure to comply with the requirements prior to engaging in the Volunteer activity may result in the withholding of insurance coverage for the activity.

DEFINITIONS:

Emory: “Emory” includes Emory University, Emory Healthcare, Inc., The Emory Clinic, Inc., Wesley Woods Center of Emory University, Inc., Emory-Children’s Center, Inc., Emory Medical Care Foundation, Inc., Emory Specialty Associates, LLC, and any other entity controlled directly or indirectly by Emory University or Emory Healthcare, Inc.
**Volunteer:** A “Volunteer” is an Emory University or Emory Healthcare employed faculty or staff member or student who is donating his or her time, free of charge, to a nonprofit organization or the general public. Volunteers are not typically supervised or directed by an Emory University or Emory Healthcare employee, and the Volunteer activity is not a requirement of a faculty or staff member’s normal duties or a student’s class work. A Volunteer may also include Emory alumni (when participating in a Volunteer activity sponsored by the Office of Alumni Affairs), if appropriate.

**Approved Volunteer Activity:** An Approve Volunteer Activity must be consistent with and support the mission of Emory University or Emory Healthcare, as well as the mission of the individual school or department. It must be for the benefit of a nonprofit entity or the general public, and it must contain an acceptable level of risk to the Volunteers and to Emory University and Emory Healthcare from a reputational, safety and financial standpoint.

**Responsibilities and Rights of Volunteers:** An Emory University or Emory Healthcare Volunteer is an agent of Emory University or Emory Healthcare while performing assigned duties. Therefore, Emory University and Emory Healthcare Volunteers are expected to abide by Emory University and Emory Healthcare policies and external regulations that govern their actions, including but not limited to those relating to ethical behavior, confidentiality, financial responsibility and use of illegal substances.

Coverage will not extend to faculty, staff, students and alumni who are acting outside the scope of their duties as a volunteer or who violate Emory University or Emory Healthcare policies in the course of volunteering. This includes but is not limited to activities that are unethical or illegal.

Emory University and Emory Healthcare Volunteers are not covered by the Fair Labor Standards Act and are not considered employees for any purpose. Therefore, they are not eligible for certain Emory benefits, including Worker’s Compensation, as a result of the volunteer association.

**VOLUNTEER APPROVAL:**

The following segments of this document specify three types of services based on the varying degrees of risk associated with each: services not requiring approval by a Decision Maker; services requiring approval; and prohibited activities. The lists that follow are not exhaustive; they are intended to provide guidelines when considering approving an activity as an Approved Volunteer Activity.

**Services Not Requiring Approval**

The following activities are generally considered low-risk; and do not require a completed Volunteer Agreement:

- Advisory council participation
- Clerical work
- Gallery/program guide
- Phone-a-thon volunteer
- Public Speaker
Services Requiring Approval by a Decision Maker

For the following types of activities, written approval is required:

- Professional services such as those performed by nursing students, medical students, residents, fellows, nurses, physicians, law students, lawyers, etc.
- Work with minors
- Work with animals
- Work involving travel outside the Atlanta area
- Laboratory work

Prohibited Activities

An Emory Volunteer is generally prohibited from performing the following activities:

- Operation of heavy equipment
- Work with hazardous materials
- Any activity considered inappropriate for an employee
- Entering into any contract on behalf of Emory
- Work with a government agency, state or local agency or for-profit entity as their insurance should extend to those volunteering for the benefit of their organization

Whenever you are not certain as to whether an individual should be classified as a Volunteer or if an activity should be classified as an Approved Volunteer Activity, contact the Office of Quality and Risk at 404.778.7932 or 404.778.7937.
APPENDIX A

Items to consider when the DECISION MAKER evaluates a Volunteer Request:

Does the volunteer activity extend the mission of the University, Emory Healthcare, the Operating Unit and/or your Department?

What are the possible risks associated with the volunteer activity?

Is the volunteer providing medical services?

Does the outside organization interact with minors?

Does the organization have a good reputation and is it well-run?

What precautions does the organization take to prevent injury and loss of property?

Does the volunteer activity involve the serving of alcohol?

How many Emory University or Emory Healthcare volunteers will be involved in the activity?

If there is a loss, could it be sizable? Do you believe Emory University or Emory Healthcare should assume this expense?

Is a release or waiver necessary? If so, consult the Office of General Counsel.

Please direct any questions and concerns to the Office of Quality and Risk at 404.778.7932 or 404.778.7937

External Volunteer Guidelines 915.2010
VOLUNTEER AGREEMENT

To be completed by Faculty, Staff, or Student

REQUEST FOR APPROVAL
EMORY VOLUNTEER ACTIVITY
FACULTY, STAFF OR STUDENT

Name__________________________________________

Are you Emory Faculty?________ Staff?_________ Student?____________

School or Department____________________________________________________

Name of Volunteer Organization___________________________________________

Is the Organization a nonprofit entity?_____________________________________

Volunteer Organization’s Mission__________________________________________

_______________________________________________________________________

Is the Organization’s Mission consistent with and supportive of the Mission of Emory University, Emory Healthcare and your School or Department?

_______________________________________________________________________

_______________________________________________________________________

What are your volunteer duties?____________________________________________

_______________________________________________________________________

What do you see as possible risks associated with this activity? Is there a possibility that volunteers or third party participants might be injured?

_______________________________________________________________________

_______________________________________________________________________

Population Served by the Organization (minors, elderly, etc.)____________________

_______________________________________________________________________

Are medical services provided by the volunteers?_____________________________

Will alcohol be served?_____________________________________________________ 

How many Emory University or Emory Healthcare volunteers will be involved?_____

_______________________________________________________________________
Length of time you plan on volunteering?____________________________________

Is the nonprofit entity well-run?_____________________________________________

______________________________________________________________

Is the Organization operated by a full-time professional staff?____________________

______________________________________________________________

Do you know if the Organization has General Liability or Medical Malpractice Insurance that will cover its volunteers?____________________________________

______________________________________________________________

Why should Emory University or Emory Healthcare extend its insurance coverage to cover you in this volunteer activity?____________________________________

______________________________________________________________

I understand that Workers Compensation insurance does not respond for volunteer activities as they are outside the course and scope of my employment.

Signature__________________________________________________________

Title____________________________________________________________

Date________________________

Dean, Vice President, Chair Section Head Signature or Emory Healthcare Executive Team (“Decision Maker”) signature_____________________________________________

Date________________________

This approval will expire upon termination of employment, significant change in the scope of the activity or no more than two years after the original approval.

Copy maintained by the volunteer and the department, school or operating unit

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