

**BOYCE THOMPSON INSTITUTE**  
**VOLUNTEER AGREEMENT LETTER**

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1. Prepare agreement letter using the attached template for *ANY* volunteer working in your lab or department. A *volunteer* is anyone working without pay and who is not a student.
2. Prepare a brief description of duties to be performed by volunteer.
3. Obtain volunteer's signature.
4. Forward copies of both Volunteer Agreement Letter and description to duties to Director of Human Resources.

An electronic version of **Volunteer Agreement Letter** can be found on the **BTI3** server: **Forms & Documents** section.

*(Date)*

To: *Volunteer's Name*

From: *Supervisor's Name*

Dear **XXXXXXXX**,

I am pleased that you have decided to volunteer your services to my laboratory at Boyce Thompson Institute. The mandatory understanding concerning your voluntary work is as follows:

1. You agree that your participation is entirely voluntary and you are not considered an Institute employee.
2. You are 18 years of age or older
3. You, on behalf of yourself, your agents, heirs, representatives, executors or administrators, hereby release, indemnify, and hold harmless Boyce Thompson Institute from any and all liability, damage, claim of any nature whatsoever arising out of or in any way related to your volunteer duties. Thus, the Institute bears no responsibility in case of an accident or health problem which you may encounter as a result of activities carried out in connection with your volunteer activity or otherwise.
4. You understand that Boyce Thompson Institute does not provide any accident or medical insurance and that you are required to provide your own accident and medical insurance. You hereby agree that you are financially responsible for all such expenses. You are not covered by employee benefits nor by worker's compensation.
5. You understand that all volunteers are subject to Boyce Thompson Institute regulations, laws of the United States, and the laws of New York State, and that in the event of violation of these, or behavior which is considered to be detrimental to staff, or the Program, Boyce Thompson Institute shall have the right to dismiss you as a volunteer without prior notice. You do not have a formal appointment in the Institute.
6. The duties outlined by \_\_\_\_\_ of the Institute shall be a part of this agreement and release. It is understood that the Institute's liability insurance covers you only while you are performing such duties. Work under any hazardous condition is not permitted.

Please indicate your awareness and acceptance of these conditions by signing the enclosed copy of this letter and returning it to the Personnel Office at Boyce Thompson Institute. You will not be permitted to participate in activities at the Institute until this document is returned.

Sincerely,

***NAME***

Volunteer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Attached: description of duties*