

School of Neuroscience

**School of Neuroscience (0719)**  
College of Science  
North End Center, Suite 4500, Virginia Tech  
300 Turner Street NW  
Blacksburg, Virginia 24061  
540/231-7995 Fax: 540/231-1475  
*neuroscience.vt.edu*

Date:

Dear \_\_\_\_\_,

I am pleased that you have volunteered your services to our department for the

The following is a summary of your duties and responsibilities:

You will receive training on the tasks and duties you will be performing and feedback will be given to you on your performance. As a volunteer there is no compensation for your services; however, should you incur pre-approved expenses as result of the project such as travel, etc. you will be reimbursed.

Your work schedule will be

Your supervisor is \_\_\_\_\_ and should be contacted for any scheduling issues or questions concerning your service as a volunteer.

Special requirements of the job (such as required equipment, dress code, uniform, commercial driver's license, driver's license, etc.) are:

The university liability coverage provides protection for volunteers while acting in an official capacity and within the scope of their duties. Worker's Compensation Insurance **does not** provide medical coverage for volunteers even if the injury occurs during the volunteered hours. All medial issues, including healthcare insurance, are the total responsibility of the volunteer. Legal services are not provided if criminal charges are lodged against a volunteer.

Sincerely,

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I have read and understand the above information and I agree to the terms of the duties as a volunteer at School of Neuroscience-Virginia Tech.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

***Invent the Future***