

## **Towson University Volunteer Designation Form**

| The University designates   | as a volunteer to perform the                    | following services on its   |
|---|--|-----------------------------|
| behalf. Below are the <u>specific</u> services to be provided effective.  | and the dates during which the                   | volunteer designation is    |
| Service:  | Dates (From                                      | /To): *not to exceed 2      |
| years   | `  | ,                           |
|   |  |                             |
|   |  |                             |
|   |  |                             |
| As a volunteer, the Maryland Tort Claims Act (MTCA conditions are met:  | A) provides you protection from I                | liability, if the following |
| <ul> <li>The incident giving rise to the claim must occur duranthorized to perform and during the period of the</li> <li>You did not act with malice or gross negligence; an</li> </ul> | authorization.<br>nd,                            | ·                           |
| • You must be either participating in a formal volum as a volunteer.  | nteer program or be formally desi                | gnated by the University    |
| • If the volunteer activity includes driving a State v Fleet Services and complete Driver Improvement T to driving a 10-passenger van.  |  |                             |
| By signing this form, Towson University recognizes  |  |                             |
| as a v  | volunteer  | for Towson                  |
| University  | (0 ' )   |                             |
| (Printed Name) for the purposes and during the time period specified in University's Volunteer Policy.  | (Service)  In this designation pursuant to the t | erms and conditions of the  |
| Volunteer's Signature   |  | Date                        |

Volunteer's Address and Phone Number

| Department Designee's Name (Printed) | Date   |
|--------------------------------------|--|
| Department Designee's Signature      | Dept. for which the Individual is Volunteeri |

| Volunteer's Emergency Contact Information: |              |  |
|--|--------------|--|
| – Print Name                               | Relationship |  |
| _ Address                                  | Phone Number |  |