

VIRGINIA MILITARY INSTITUTE  
Lexington, Virginia

GENERAL ORDER)  
NUMBER 51)

24 September 2019

**Guidelines for the Use of Volunteers**

**1. Purpose**

VMI departments may be able to accomplish certain work as well as extend their budgets with the participation or involvement of volunteers. Because a volunteer may become an agent of the Institute when accepting an assignment, it is critical that they are carefully selected and supervised. The following guidelines address the involvement of volunteers by VMI departments.

**2. Definition of a Volunteer**

An individual is considered to be a volunteer if the following conditions are met:

- A. Services are performed for which the individual neither expects nor receives compensation, but may be paid expenses.
- B. If the volunteer is a current VMI employee, the volunteer services are not the same type for which VMI employs the individual and the services are freely given without pressure from VMI.

**3. Guidelines for Supervisors**

- A. Because the Institute may be liable for the actions of its volunteers, the qualifications and suitability of the individual should be considered before offering an opportunity to a volunteer.
- B. If a department is considering offering an opportunity to volunteer to a person in a jail work release program, the Human Resources Office must be contacted before an offer is made. The agency offering the release program would be responsible for all insurance coverage.
- C. Departments should carefully consider the types of duties appropriate for a volunteer to perform. Generally, duties which are carried out by a VMI employee are appropriate for volunteers as long as they receive the same support and training any other paid employee would receive to complete the task.
- D. Supervisors should ensure that volunteers have a clear understanding of their responsibilities, limitations, and an agreed upon work schedule. The attached form may be used for this purpose.

**4. Criminal Conviction Check**

A criminal conviction check must be conducted before the volunteer begins work. See the attached authorization form. The prospective volunteer must sign the authorization form, and then the supervisor should send the completed form to the Human Resources Office. If the

volunteer is a current VMI employee, this criminal conviction check does not need to be done.

## **5. Job Description**

Volunteers should be provided a written description of the duties they will be performing and receive training to carry out those duties including safety training as appropriate. In addition, feedback on their performance is suggested. Official state or VMI forms should not be used to document any of these processes because the volunteers are not employees.

## **6. Current VMI Employees Serving as Volunteers**

A current VMI employee cannot be considered as a volunteer if the type of work for which he/she is volunteering is the same type as the position he/she currently holds. Non-exempt classified and wage employees must be compensated for all hours they are required or permitted to work. Even though a classified or wage employees may *volunteer* to work beyond his/her normally scheduled hours, departments must compensate the employee for those extra hours worked.

## **7. Liability Coverage of Volunteers**

VMI's liability coverage provides protection for negligent acts or claims of negligent acts for **any** employee or agent of the Institute, as long as the individuals were acting in an official capacity and within the scope of their duties. If a negligence claim were made, the claimant would have to substantiate that the volunteer was acting as VMI's *agent*, a legal determination that is highly fact specific. Medical care of the volunteer, even if injury should occur during the volunteered hours, is not covered. All medical concerns, including healthcare insurance, are the responsibility of the volunteer. VMI does not provide legal services if criminal charges are lodged against a volunteer.

If there is an incident that may result in claims of negligence against VMI, the circumstances must be documented. The volunteer's supervisor should contact VMI legal counsel or the Director of Human Resources for assistance.

## **8. State Vehicles**

Volunteers, including current VMI employees and cadets, may operate state vehicles if properly licensed and authorized as a VMI Driver by the VMI Police Department in accordance with General Order 23.

## **9. Discrimination, Harassment, and Sexual Misconduct**

VMI will not tolerate behavior between or among members of the VMI community that creates an unacceptable working or educational environment. Per General Order 13 and General Order 16, if a volunteer believes he/she has been the victim of discrimination,

harassment or sexual misconduct, he/she may file a complaint with the Office of the Inspector General.

#### **10. Individuals with International Visas Serving as Volunteers**

Individuals in this country on certain types of visas may NOT be authorized to engage in voluntary activities under US Immigration guidelines. Departments must check with the Human Resources Office before permitting a non-US citizen to serve as a volunteer.

#### **11. Record Keeping**

When a department wishes to involve volunteers, the department must secure a criminal conviction check (see paragraph 4 above) before the volunteer begins work. On or before the day the volunteer begins work, the department head will complete the Volunteer Memo (see sample attached) and obtain the volunteer's signature on the memo. The original signed copy of the memorandum will be forwarded to the Human Resources Office.

FOR THE SUPERINTENDENT:

James P. Inman  
Colonel, US Army (Ret.)  
Chief of Staff

DIST: E

OPR: Human Resources

Attachments

**Volunteer Memorandum**

**VIRGINIA MILITARY INSTITUTE**

LEXINGTON, VIRGINIA 24450-0304

(Date)

**MEMORANDUM**

**TO:** (volunteer name)

I am pleased that you have volunteered your services to our department for the (*indicate period of time*).

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 a 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

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

The VMI liability coverage provides protection for volunteers while acting in an official capacity and within the scope of their duties. Medical care of the volunteer, even if injury should occur during the volunteered hours, is not covered. All medical concerns, including healthcare insurance, are the responsibility of the volunteer. VMI does not provide legal services if criminal charges are lodged against a volunteer.

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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 VMI.

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



Department: \_\_\_\_\_

Position Title: \_\_\_\_\_

**Applicant Authorization and Consent for Release of Information**

(Please read carefully)

*We at VMI welcome your application to be a volunteer. To ensure the safety and security of our faculty, staff, and cadets, and to continue VMI's tradition of excellence, we require your consent to and authorization of a verification of your background.*

I, the undersigned, do hereby certify that the information I have provided for the purpose of volunteering is true and complete to the best of my knowledge. I understand that if I am selected as a volunteer, any false statements will be considered as cause for possible dismissal. This release and authorization acknowledges that Virginia Military Institute may conduct a verification of my education, previous employment/work history, and motor vehicle reports; contact personal references; and receive any criminal or civil justice agency in any State and/or other information as deemed necessary to fulfill the job requirements. The results of this verification process will be used to determine volunteer eligibility.

|  |  |                           |  |   |             |   |
|--|--|---------------------------|--|---|-------------|---|
| PLEASE PRINT <i>LAST NAME</i> <i>FIRST</i> <i>MIDDLE</i> <i>MAIDEN</i>   |  |                           |  | <i>SEX</i>  | <i>RACE</i> | <i>DATE OF BIRTH</i><br>/ /<br>( <i>mo</i> ) ( <i>day</i> ) ( <i>year</i> ) |
| <i>CURRENT HOME ADDRESS:</i>   |  |                           |  |   |             |   |
| <i>PLACE OF BIRTH – County or City</i>   |  | <i>– State or Country</i> |  | <i>SOCIAL SECURITY NUMBER</i><br>*VMI requests your social security number to conduct a residence history and criminal conviction background check consistent with VMI policy. You are not required to disclose your social security number; however, if you do not disclose your social security number you will not be considered for a volunteer position. |             |   |
| <i>PLEASE LIST ALL ALIASES (OTHER NAMES YOU HAVE GONE BY):</i>   |  |                           |  |   |             |   |
| <b>AUTHORIZATION FOR RELEASE OF INFORMATION</b>  |  |                           |  |   |             |   |
| I hereby give consent and authorize Truescreen, Inc. and/or the Virginia State Police to search the files of the Central Criminal Records Exchange and/or to conduct a criminal history search for any criminal history record and report the results of such search to Virginia Military Institute. |  |                           |  |   |             |   |
| _____  |  |                           |  | _____   |             |   |
| <b>Signature</b>   |  |                           |  | <b>Date</b>   |             |   |

List all states and cities or counties outside Virginia where you have lived during the past seven years. Please print.

|              |                    |  |
|--------------|--------------------|--|
| <b>STATE</b> | <b>CITY/COUNTY</b> | <b>DATE (month/year to month/year)</b> |
| _____        | _____              | _____                                  |
| _____        | _____              | _____                                  |

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