

## **VOLUNTEER ACKNOWLEDGMENT FORM**

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

**Group:** \_\_\_\_\_

**Facilities:** \_\_\_\_\_

This Volunteer Acknowledgment Form (“Form”), to be completed and signed by you, details your agreement to be a volunteer with the Group identified above, a non-profit, tax-exempt organization, as defined in Section 501 of the Internal Revenue Code (“the Group”).

Aramark provides food and beverage services at the following facility or facilities located on the campus of **Mississippi State University** (the “Client”): **Davis Wade Stadium, Humphrey Coliseum, and Polk-Dement Stadium**. Group has requested that Aramark permit Group to engage in fund raising for civic, charitable, religious, educational, or other purposes as defined in Section 501 of the Internal Revenue Code through the conduct of concessions operations at the Facility. Aramark is willing to enter into a concessions subcontract for the provision of certain services at the Facility by Group on the terms and conditions set forth in this Agreement.

### **You acknowledge as follows:**

1. I am performing volunteer work for the Group without any expectation or intention of receiving wages, compensation, or benefits from the Group or from Aramark. I am donating my time and effort for the benefit of the Group because of my interest in supporting the Group and its mission. My services are offered freely and without pressure or coercion, direct or implied from any member of the Group or any employee of Aramark.
2. I understand that I am not an employee of Aramark and I have no expectation of an employment relationship, whether express or implied.
3. I understand that I will not receive any wages, compensation, or benefits from the Group or Aramark for my volunteer service to the Group. In addition, I understand that I will not be reimbursed for any personal expenses, such as parking or meals that I incur in performing my volunteer work.
4. I understand that my volunteer service is not for a fixed period of time and that the Group or Aramark may release me as a volunteer without prior notice and for any reason.
5. I understand that the Group supervisor will determine the tasks associated with my volunteer service. I also understand that I may receive training related to my volunteer service.

6. I attest that I do not receive food, shelter, clothing, necessities of life, or any other similar benefit from the Group.

7. I understand that I am required to complete a Background Investigation Disclosure and Authorization Notice and a Criminal History Disclosure Form. I understand that my volunteer service is contingent on any results of such checks being satisfactory to Aramark.

8. On behalf of myself, my heirs, and my representatives, I agree to release, indemnify, and hold harmless Aramark and Aramark's Client, all of their parent, subsidiary and affiliated companies, and all of their past and present officers, directors, employees, agents and assigns from any and all liability, damage, or claims of any nature that arise out of or are related to my volunteer service to the extent such liability, damage and claims may be released under the law.

9. By signing this Form, I attest that I am 16 years of age or older.

Volunteer Signature: \_\_\_\_\_

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