University of Colorado
Boulder | Colorado Springs | Denver | Anschutz Medical Campus

UNIVERSITY RISK MANAGEMENT

Volunteer Agreement and Waiver

Volunteer's Name	
Address	
City/State/Zip	

Please complete all of the grey fields.

The University of Colorado welcomes you as an authorized volunteer in the Office of Alumni Relations at the University of Colorado.

The scope of your volunteer activities includes: serving as a class champion, receiving contact information on classmates to support individual reunion outreach, attending reunion related events and meetings.

As a CU volunteer, you will not have to undergo a background check.

Your university activities span the calendar year of 2026.

Your volunteer coordinator will be Anika Jarvis, Reunion Class Committee Coordinator, Office Relations.

University of Colorado Volunteer Confidential Disclosure Agreement

In the course of this volunteer experience, I understand I may have access to certain data and information that is considered confidential, including, but not limited to, information about the alumni of the University of Colorado and University of Colorado activities, students, and financial or business practices.

I agree that any and all data and information that I may receive or otherwise discover while volunteering is considered "confidential information". I agree that only the minimally needed confidential information will be shared with me by the Office of Alumni Relations. I agree that I will not disclose or discuss any confidential information with any third parties while I am volunteering or at any time after my experience is completed.

I agree that I will keep such data and information confidential and will comply with all laws and regulations concerning the confidentiality of such records to the same extent as such laws and regulations apply to the University of Colorado.

I understand that use of reunion alumni data for purposes other than for Institutional Advancement, especially for commercial, personal or political purposes, including the sale of data, is strictly prohibited.

I further agree that after my volunteer activity is completed, I will destroy or return to Office of Alumni Relations any and all documents and copies that I have in my possession that contain Confidential Information.

I hereby certify that I have read and understand the provisions above.

X _____

Volunteer Signature

_____

Signature Date