**EMAIL DRAFT TO YOUR HR REP FOR APPROVAL BEFORE ISSUING LETTER**

**VOLUNTEER APPOINTMENT LETTER**

[date]

[name and address]

Dear [name]:

Thank you for your willingness to volunteer your services to UW-Madison and specifically the [name of Department/Center]. We look forward to you helping us with the [project/camp].

Based on our previous discussions, your activities as a volunteer will be [briefly describe the responsibilities]. You will begin [start date] and will continue for as long as we mutually wish to maintain the relationship [end date]. You have indicated that you can spend approximately [# of hours or list range] hours per week on these activities.

*(Required if in a position of trust with access to vulnerable population—remove if not needed)*

Your volunteer position has been identified as a position of trust with unsupervised access to vulnerable populations. The University of Wisconsin–Madison requires that a criminal background check (CBC) be conducted [every four years on all current employees and volunteers who hold a position of trust with access to vulnerable populations] **OR** [two years on all current employees and volunteers who hold a position with precollege camps]. It is also required that all volunteers with this access, must self- report any criminal arrests, charges, or convictions (excluding misdemeanor traffic offenses punishable only by fine) to the divisional Background Check Coordinator, [HR Rep]. This report must be made within twenty-four (24) hours or at the earliest possible opportunity. Please note that failure to make the required report would constitute a violation of this policy and may result in the termination of your volunteer position. These requirements are to safeguard the campus community for students, employees and visitors. Link to the CBC Policy: <https://kb.wisc.edu/ohr/policies/53234>

Please read carefully the attached “Volunteer Fact Sheet.” Note that receipt of this letter makes you an official volunteer and that you will be covered by the State’s liability protection program so long as you perform your duties within the scope of the description provided above. Since volunteers are not covered by the state’s worker compensation program, however, you are encouraged to maintain your own health insurance. If you should be injured during the course of your activities and the injury results from the negligence of a University employee or agent, you would have the same legal rights to seek compensation as would any visitor to the campus.

*(Required if volunteer is a Rehired Annuitant—remove if not needed)*

 As a retiree of the University, you are eligible for an ID card. If you don’t already have one, you may want to contact the administrator of your former department.

If you have any questions about your volunteer service to our department, please do not hesitate to let me know. Again, thank you for your willingness to donate your time, energy and expertise. We really appreciate it!

Sincerely,

[name of person signing letter]

[title of person signing letter]

Enclosures:

Volunteer Fact Sheet

xc: [name of any individuals to be copied]