

MEMORANDUM OF UNDERSTANDING

between

WESLEYAN UNIVERSITY

41 Wyllys Avenue, Boger Hall, Middletown, CT 06459, (860) 685-2180, www.wesleyan.edu

and

(referred to as "facility")

The purpose of this Memorandum of Understanding (MOU) is to confirm the arrangement for Wesleyan University student _____, who is interested in the health professions and who would benefit from a volunteer / shadow field experience in a healthcare setting, and a qualified representative of the facility, _____, to work collaboratively to fulfill a volunteer field experience.

The time periods will be mutually arranged and agreed upon by the facility and the student within the dates of the volunteering / shadowing opportunity. While the student is engaged at the facility, Wesleyan University:

- 1) Requires the student to be treated with the respect and consideration of any volunteer;
- 2) Regards the student as being accountable for their actions;
- 3) Requires the student to respect and perform within facility policies;
- 4) Requires the student to be regarded as a volunteer who is not eligible for compensation, fringe benefits, or workman's compensation for this experience;
- 5) Requires that the facility maintain ultimate accountability and responsibility for the student while on site at the facility, including the responsibility to ensure that the student's participation in the experience remains in compliance with all applicable laws, rules and regulations, including but not limited to applicable labor laws.

Wesleyan University confirms that _____ is a student in good standing as of the date of this MOU.

Nothing in this agreement shall be construed as an indemnification by one party of the other for liabilities of a party or third persons for property loss or damage or death or personal injury arising out of the performance of this agreement. Any liabilities or claims for property loss, death, or personal injury by a party and its agents, employees, contractors, or by a third persons, arising out of and during this agreement shall be determined according to applicable law.

The undersigned parties have activated this Memorandum of Understanding (MOU) on the date shown below accompanied by their signature. The MOU will be terminated at the time the experience has been completed by the Wesleyan student engaged in the experience.

Facility Representative

Wesleyan University

Name: _____

Name: _____

Title: _____

Title: _____

Signature: _____

Signature: _____

Date: _____

Date: _____