

THE UNIVERSITY OF ARIZONA

VOLUNTEER AGREEMENT FORM

(Please print legibly and provide all information requested)

Name: _____ Last First MI		
SSN: _____ - _____ - _____ Date of Birth ____/____/____ <input type="checkbox"/> Male <input type="checkbox"/> Female (SSN and DOB are required for access to university services and pre-employment screening and will not be used for any other purpose)		
Permanent Street Address _____ City _____ State _____ Zip Code _____ Home phone: (____ - ____) _____ Other Phone Number: _____ Email Address: _____		Person to notify in emergency: First Name _____ Last Name _____ Phone _____ Address _____
Have you worked in a paid position for the University of Arizona? <input type="checkbox"/> No <input type="checkbox"/> Yes		
If yes, what Department(s): _____		Dates: _____
Will your duties include unsupervised access to minors? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Will your duties require you to drive a UA or personal vehicle to conduct University business? <input type="checkbox"/> Yes <input type="checkbox"/> No (Note: Individuals under the age of 18 may not drive in the course of their duties.)		
<p>I am volunteering solely for personal purposes or benefit without promise or expectation of compensation, benefits or future employment from the University beyond any specified reimbursements agreements.</p> <p>I agree to familiarize myself with, and abide by, the University of Arizona's rules and policies regarding conduct, confidentiality, safety and welfare. I understand that I may be subject to the same pre-employment screening and background checks as paid employees performing similar duties.</p> <p>If my duties include driving on University business, I understand that I must possess a valid driver's license and that I will be subject to a Department of Motor Vehicle driver's license background check.</p> <p>I understand the University provides limited accidental liability coverage to volunteers, but that no other employee university or state-sponsored medical, retirement or insurance plans apply to this association.</p> <p>Finally, I understand that the University or I may end my volunteer services with the University at any time.</p> <p>My signature below affirms that all information on this information form is accurate to the best of my knowledge and I agree to abide by the conditions outlined above.</p>		
Volunteer Signature: _____		Date: ____/____/____
Office Use Only: EID _____ Reviewed by: _____		