

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
<small>(SSN and DOB are required for access to university services and pre-employment screening and will not be used for any other purpose)</small>		
Permanent Street Address _____		Person to notify in emergency:
City _____ State _____ Zip Code _____		First Name _____
Home phone: (____) _____		Last Name _____
Other Phone Number: _____		Phone _____
Email Address: _____		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 <small>(Note: Individuals under the age of 18 may not drive in the course of their duties.)</small>		
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.		
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.		
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.		
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.		
Finally, I understand that the University or I may end my volunteer services with the University at any time.		
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.		
Volunteer Signature: _____		Date: ____/____/____
Office Use Only: EID _____ Reviewed by: _____		