

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: _____		

Designated Campus Colleague Worksheet

Please use this worksheet to prepare data about the individual and related DCC activities or functions to be performed.

*For additional information please visit <http://hr.arizona.edu/employees-affiliates/affiliates>

*A list of [DCC types](#) is available on the Systems Control Website.

*Non-Enrolled Minors on Campus Program Participation Forms: <http://policy.arizona.edu/ethics-and-conduct/interactions-non-enrolled-minors>

Designated Campus Colleague Information			
DCC Type: Intern-University		Start Date (MM/DD/YYYY):	Expiration Date (MM/DD/YYYY):
Personal Information			
(Legal) Last Name:		First Name:	EmplID (if known):
Date of Birth (MM/DD/YYYY):		Other Names Used (if any):	
Home Phone: ()		Gender: (Check one) <input type="checkbox"/> M <input type="checkbox"/> F	Personal Email:
Mailing Address:			
1) Are you a minor (under age 18)? (Check one): <input type="checkbox"/> Yes <input type="checkbox"/> No <i>MINORS ARE DEFINED AS INDIVIDUALS UNDER 18 YEARS OF AGE, IN ACCORDANCE WITH THE STATE OF ARIZONA CHILD LABOR LAWS ARS 23-232. Duties must comply with: http://hr.arizona.edu/managers-supervisors/recruitment-hiring/employment-children</i>		Have you previously: 2) Worked for the UA? <input type="checkbox"/> Yes <input type="checkbox"/> No 3) Held an unpaid or DCC appointment at the UA? <input type="checkbox"/> Yes <input type="checkbox"/> No 4) Enrolled as a UA student? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Citizenship			
5) Are you a US Citizen or Permanent Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Visa Permit Data (complete if answer to citizenship question is "No")			
To determine the appropriate immigration status for the DCC type under consideration, please contact International Faculty & Scholars Office prior to entering into an agreement with the individual.			
Citizen/Passport Country:			
Visa Status Date (MM/DD/YYYY):			
Visa Type:			
Visa Exp. Date (MM/DD/YYYY):			
Duties/Services Performed			
6) Are you collaborating or performing services in the US? <input type="checkbox"/> Yes <input type="checkbox"/> No			
7) Are you collaborating on research activities with UA faculty or research scientists? <input type="checkbox"/> Yes <input type="checkbox"/> No			
8) Brief (under 250 characters) description of duties:			
Sponsor/DCC Building Information			
Sponsor's Last Name:		Sponsor's First Name:	Sponsor's EmplID:
Affiliate Institution :		Average Weekly Hours (whole numbers only please):	
UA title (Affiliates and Associates only):			
Building :		Room:	UA Directory Phone:
Security-Sensitive Functions (Please see http://policy.arizona.edu/human-resources/pre-employment-screening-policy)			
	Yes	No	Comments
9) Significant financial oversight responsibilities?	<input type="checkbox"/>	<input type="checkbox"/>	
10) Unsupervised contact with minors who are not enrolled students of the University?	<input type="checkbox"/>	<input type="checkbox"/>	
11) Unrestricted access to residence hall rooms?	<input type="checkbox"/>	<input type="checkbox"/>	
12) Role designated by Dean or Vice President as "security- or safety-sensitive"?	<input type="checkbox"/>	<input type="checkbox"/>	
13) Driving on University business in UA, rented, or personal vehicles?	<input type="checkbox"/>	<input type="checkbox"/>	

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Import/Export <i>(For additional information please visit http://ocr.arizona.edu/ec/uapol)</i>			
	Yes	No	Comments
14) Access to ITAR Controlled data, technology, materials information, software or equipment?	<input type="checkbox"/>	<input type="checkbox"/>	
15) Access to EAR Controlled technology or encryption software code?	<input type="checkbox"/>	<input type="checkbox"/>	
a. Has a restriction on the release of certain project information?	<input type="checkbox"/>	<input type="checkbox"/>	
b. Has a publication or access and dissemination restriction?	<input type="checkbox"/>	<input type="checkbox"/>	
c. Has a military connotation or end-use?	<input type="checkbox"/>	<input type="checkbox"/>	
d. Is sponsored by a defense agency?	<input type="checkbox"/>	<input type="checkbox"/>	
e. Is related to space, missile technology, or biological/chemical weapons?	<input type="checkbox"/>	<input type="checkbox"/>	
f. Requires foreign national approval by sponsor or no foreign nationals are allowed?	<input type="checkbox"/>	<input type="checkbox"/>	
g. Involved in a project that has a technology control plan in place?	<input type="checkbox"/>	<input type="checkbox"/>	
h. Reason to believe the individual will need an export license?	<input type="checkbox"/>	<input type="checkbox"/>	
Specialized Training Required <i>(For additional information please visit http://risk.arizona.edu/training)</i>			
	Yes	No	Comments
16) Working in a laboratory setting with any of the following:			
a. Bloodborne pathogens or other biological materials?	<input type="checkbox"/>	<input type="checkbox"/>	
b. Radioactive materials?	<input type="checkbox"/>	<input type="checkbox"/>	
c. Lasers or other non-ionizing radiation?	<input type="checkbox"/>	<input type="checkbox"/>	
d. Hazardous chemicals	<input type="checkbox"/>	<input type="checkbox"/>	
17) Working in a non-laboratory setting with chemical or biological materials?	<input type="checkbox"/>	<input type="checkbox"/>	
18) Handling animals (living or deceased), animal tissues, fluids, or waste byproducts in a research setting?	<input type="checkbox"/>	<input type="checkbox"/>	
19) Performing work that requires protective equipment, including respiratory and hearing protection?	<input type="checkbox"/>	<input type="checkbox"/>	
College of Medicine <i>(For additional information please visit http://uahs.arizona.edu/research/contracting-office)</i>			
	Yes	No	Comments
20) Participating in clinical teaching of medical students or residents? <i>If Yes, complete next question</i>	<input type="checkbox"/>	<input type="checkbox"/>	
a. Signed a preceptorship agreement through contracting office or associated with an institution that has an executed preceptor agreement on behalf of clinicians?	<input type="checkbox"/>	<input type="checkbox"/>	

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Required Attachments
For Affiliates: CV, Affiliate Verification Form
For Associates: CV
For Affiliate and Associate Partners: A copy of the contract that codifies the individual's University leadership role.
For Intern-University: Attach a copy of the Intern's learning objectives. (Please see http://hr.arizona.edu/employees-affiliates/affiliates)
If the Interactions with Non-Enrolled Minors policy applies: Minor and sponsor must attach the appropriate Program Participation form. (Please see http://policy.arizona.edu/ethics-and-conduct/interactions-non-enrolled-minors)
If No to #5: Please provide a copy of visa documents showing an immigration status that is appropriate for both the DCC type and duties performed. (Do not attach—Please forward to Systems Control.)

Preparer:

Date Completed (MM/DD/YYYY):