

# University of North Georgia

## JOINT STAFFING AFFILIATE INFORMATION 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 Date of Birth are required for access to university services and will not be used for any other purpose)		
Permanent Street Address _____ City State Zip Code Home phone: ( ___ ___ ) _____		Person to notify in emergency: Name _____ Phone _____ Address _____
Have you ever worked in a paid position for UNG? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what Department(s): _____ Dates: _____		
Will your duties as an unpaid affiliate include unsupervised access to minors? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<p>I attest that I am freely, without pressure or coercion, giving my time and services to the University of North Georgia as an affiliate, associate or other individual working in an unpaid status. I am working in a non-salary or wage capacity solely for affiliation, educational, or personal reasons and without expectation of compensation, benefits or future employment from the University beyond any specified reimbursement arrangements, outside stipend or affiliate agreements.</p> <p>I agree to familiarize myself with, and abide by, University of North Georgia rules and policies regarding conduct, confidentiality, safety and welfare. I understand that I may be subject to the same pre-employment screening and criminal background checks as paid employees performing similar duties.</p> <p>I understand that the State of Georgia provides general liability coverage to volunteers, but no other university or state-sponsored employee medical, retirement, workers compensation, or other insurance plans apply to this association. I understand that UNG and I both have the right to end the volunteer relationship at any time, for any reason, without advance notice.</p> <p>I understand that if I am issued a university access card it is the property of the university and is issued at the university's sole discretion. I will not represent myself as a university employee, and I understand that the university may revoke my access to its facilities and/or require that I return the card at any time for any reason.</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>		
Signature: _____		Date: ____/____/____
Assignment Begin Date: _____ Assignment End Date: _____ (Note: All affiliate assignments are effective for the current fiscal year only, and may be terminated at any time.)		
Department Name: _____		
Department Head/Chair Name: _____		
Department Head/Chair Signature: _____		Date: ____/____/____
This form must be forwarded to Human Resources after completion.		
HR Review by: _____		
BANNER #: _____		
HRMS ID #: _____		