

# University of North Georgia

## Non-Paid Affiliate or Volunteer Information Form

(Please print legibly and provide all information requested)

|   |  |
|---|--|
| Name: _____<br>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<br>_____<br>City State Zip Code  | Person to notify in emergency:<br>Name<br>_____<br>Phone<br>_____<br>Relationship<br>_____ |
| Email: _____<br>Phone: ( ___ ___ ) _____  |  |
| Have you previously worked for the University of North Georgia? <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |
| Will your duties as an unpaid affiliate include any programs or activities with non-enrolled minors? <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |
| Will your duties require you to have a UNG email account? <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, UNG 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: ____/____/____<br>(Note: University Affiliate assignments are effective for current assignment or up to one year, whichever comes first.)  |  |
| This form must be forwarded to Human Resources after completion.  |  |
| HR Review by: _____   |  |
| BANNER #: _____   |  |
| HCM ID #: _____ Date: ____/____/____  |  |

\*Note: This form must accompany the Volunteer Registration Agreement.

UNG is committed to ensuring that this form is accessible to everyone. If you have any questions or suggestions regarding the accessibility of this form, please contact Michael McLeod – 678.717.2232

Revised 3/28/2019



## VOLUNTEER REGISTRATION AGREEMENT

Volunteer's Name (Please Print): \_\_\_\_\_

Dates of Service: From Date \_\_\_\_\_ until Date \_\_\_\_\_

Sponsoring Department: \_\_\_\_\_

Supervisor of Volunteer: \_\_\_\_\_

Purpose for Volunteer Service: \_\_\_\_\_

Scope or Volunteer's Work & Duties:

\_\_\_\_\_  
\_\_\_\_\_

As a Volunteer, I understand and agree to the following:

1. I am volunteering to perform the volunteer duties identified above solely for my personal benefit without promise or expectation of compensation, benefits, academic credit, or future employment from University of North Georgia ("University"). I acknowledge that, in exchange for my service as a volunteer, I have neither been promised any consideration nor do I expect to receive any consideration, except as indicated in Paragraph 8.
2. I understand that the University and/or I may end my volunteer services at any time without further obligation one to the other, and for any reason, and without advance notice. I understand and agree that as a volunteer, I will not be acting as a University employee or student.
3. I will familiarize myself with and abide by all University policies, including those regarding conduct, confidentiality, safety and welfare. I agree to abide by all applicable rules and regulations of the University and any of the departments or units where I engage in volunteer activities.
4. I agree to perform my volunteer duties under the direction and control of the authorized University official identified above or such other authorized University official as is later designated to supervise my volunteer work.
5. I agree to cooperate with any screening and background checks required by the University prior to my performance of any volunteer duties.
6. I understand that volunteers are **not covered** by workers' compensation insurance for injuries or illness resulting from their volunteer activities, and are strongly encouraged to obtain their own medical insurance before participating in this structured volunteer program. I understand that the University will not provide me with accident or medical insurance, and is not responsible for any accident or medical expenses that I incur in the course of volunteering.
7. I understand that my participation as a volunteer may involve certain risks that have been explained to me, including, but not limited to \_\_\_\_\_

\_\_\_\_\_  
I voluntarily accept these risks.

8. I further understand that during the volunteer period designated above, I agree to serve as a volunteer with University of North Georgia by participating in the structured volunteer program organized, controlled, and directed by University of North Georgia as described in the description of duties above, which are for the sole purpose of carrying out the functions of University of North Georgia. In consideration for my service as a volunteer, the University of North Georgia agrees that I am a "state officer or employee" solely for the purpose of O.C.G.A. § 50-21-20 et seq. (Georgia Tort Claims Act) as long as I act within the scope of service set forth in this Agreement.
9. If my Volunteer Duties involve assisting with research:
  - I understand and agree that federal laws regulating the export of technologies may prohibit assistance by international individuals on certain types of research projects. I understand that all University and other required approvals must be secured prior to conducting research activities and I agree to abide by all policies and procedures governing such activities. If I assist with research funded by a third party sponsor, I agree to abide by the terms of the sponsorship agreement. Further, I agree to be bound by any written nondisclosure or confidential disclosure agreement governing confidential information to which I may have access in the course of my research activities at University.
  - I pledge to disclose any intellectual property developed as a result of my research activities at University. If valuable intellectual property is created as a result of the research with which I assist at University, then ownership of such intellectual property shall be determined by University policy and federal law regarding inventorship and authorship.
  - I agree not to disclose any confidential information concerning patients, research subjects, unpublished research data, and other confidential information of which I may learn in the course of my volunteer service.
10. My performance of the Volunteer Duties is purely voluntary and I agree to assume all risk associated therewith. I do hereby release, waive, discharge and covenant not to sue the University of North Georgia and the Board of Regents of the University System of Georgia their members individually and their officers, directors, agents, trustees, board members, employees, volunteers, contractors, representatives, successors, and assigns, individually and in any capacity (collectively, the "University") from all liability, loss, damage, costs, expenses, or claims resulting from or in connection with my volunteer status or duties, including personal injury, death, or damage to property arising out of my volunteer activities. I also agree to indemnify and hold the University harmless from all claims, demands, causes of action, actions, judgments or other liability including reasonable attorneys' fees arising out of, resulting from or in connection with my volunteer status or duties.

Department Head Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Volunteer Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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