

UNG Affiliate Application

(Provide all information requested)

Section A

Legal Name: _____
Last First MI

Preferred First Name: _____ Phone Number: _____

Email Address: _____

Have you previously worked for the University of North Georgia? Yes No

Are you a retiree of one of the following employers? Yes No

State of GA Public School System (K-12), State of GA Technical College, State of GA Agency, University System of GA

Will your duties as an affiliate include any programs or activities with non-enrolled minors? Yes No

Programs must be registered according to UNG Policy. For more information on Programs Serving Non-Enrolled Minors click [here](#).

University Affiliates are guests of the University of North Georgia (UNG) that are participating in a variety of activities that support UNG's mission. UNG recognizes three types of affiliates: 1) Non-Paid (Volunteers, Intern, etc.), 2) Paid (contractors, consultants, etc.), and 3) Military. By completing and signing this UNG Affiliate Application, I understand that I may be subject to the same pre-screening and criminal history background check as an employee performing similar duties. Upon completion of this application, I will receive an onboarding package from Equifax. If all pre-screening requirements are fulfilled, I will be required to complete the related Affiliate Agreement (Paid/Non-Paid, Military). I understand that if I receive a UNG email address and ID card they are the property of the University and issued at the University's sole discretion. The University retains the right to revoke access to its facilities and/or require the applicant to return the card at any time for any reason.

My signature below affirms that all information on this UNG Affiliate Application is accurate to the best of my knowledge.

Signature: _____ Date: _____

Section B

Department Name: _____

Affiliate Type: Non-Paid Paid Military (*) Will the affiliate's duties require a UNG email account (IT services)? Yes No

Department Supervisor: _____

Department Supervisor Signature: _____ Date: _____

Assignment Begin Date: _____ Assignment End Date: _____

(*) **Note:** Assignments are effective for up to one year from the assignment begin date. This does not apply to Military Affiliates and positions that DO NOT require IT services.

Send to Human Resources after completion.

For HR Use Only

HR Review by: _____ BANNER #: _____

HCM ID #: _____ Date: _____

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