

UNG Affiliate Application

(Provide all information requested - Recommended to use Adobe Acrobat to Complete)

	Section A	
	Section A	
Legal Name:		
Last	First MI	
Preferred First Name:	Phone Number:	
Email Address:		
Have you previously worked for the University of N	lorth Georgia? □Yes □No	
Are you a retiree of one of the following employers State of GA Public School System (K-12), State of G	s? □Yes □No A Technical College, State of GA Agency, University System of GA	
	ns or activities with non-enrolled minors? □Yes □No licy. For more information on Programs Serving Non-Enrolled Minors click	
UNG's mission. UNG recognizes three types of affil etc.), and 3) Military. By completing and signing this pre-screening and criminal history background che application, I will receive an onboarding package from complete the related Affiliate Agreement (Paid/Nothey are the property of the University and issued access to its facilities and/or require the applicant	North Georgia (UNG) that are participating in a variety of activities that support liates: 1) Non-Paid (Volunteers, Intern, etc.), 2) Paid (contractors, consultants, is UNG Affiliate Application, I understand that I may be subject to the same eck as an employee performing similar duties. Upon completion of this rom Equifax. If all pre-screening requirements are fulfilled, I will be required to n-Paid, Military). I understand that if I receive a UNG email address and ID card at the University's sole discretion. The University retains the right to revoke to return the card at any time for any reason. It is your responsibility to know https://ung.aimsparking.com/ My signature below affirms that all information best of my knowledge.	
Signature:	Date:	
Section B		
		
Department Name:		
Affiliate Type: Non-Paid□ Paid□ Military□	Will the affiliate's duties require access to software that requires 2-factor Authentication OR access to UNG computers/email \Box Yes \Box 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: BANN	ER #:	
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 Human Resources: 706.864.1440 or $\frac{HR@ung.edu}{HR}$



Affiliate Agreement

Legal Name:	
Assignment Begin Date: Assignment End Date:	
Department:	
Supervisor Name:	_
Type of Affiliate: ☐ Non-Paid ☐ Paid	
Purpose for Service:	_
Scope or Affiliate Work & Duties:	
	_

As an affiliate, I understand and agree to the following:

- I am performing the 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 an affiliate, I have neither been promised any consideration nor do I expect to receive any consideration, except as indicated in Paragraph 7.
- 2. I understand that the University and/or I may end my affiliate 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 an affiliate, 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 affiliate activities. The links are as follows:

Student Code of Conduct Policy

https://ung.edu/student-integrity/conduct-policies/student-code-of-conduct-policy.php

Student Code of Conduct Procedures for Alleged Behavioral Misconduct https://ung.edu/student-integrity/conduct-policies/procedures-for-alleged-behavioral-misconduct.php

Student Code of Conduct Procedures for Alleged Violations of Academic Misconduct and Professional Standards

https://ung.edu/student-integrity/conduct-policies/procedures-for-alleged-violations-misconduct-standards.php

UNG Use of State Property, Confidentiality, & Drug-Free Campus Statements https://ung.edu/human-resources/employees/ung-statements.php

- 4. I agree to perform my 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 affiliate assignment.
- 5. I understand that affiliates are not covered by workers' compensation insurance for injuries or illness resulting from their activities, and are strongly encouraged to obtain their own medical insurance before participating in this structured affiliate 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 my assignment.
- 6. I understand that my participation as an affiliate may involve certain risks that have been explained to me, including, but not limited to

I voluntary accept these risks.

- 7. I further understand that during the period designated above, I agree to serve as an affiliate with the University of North Georgia by participating in the structured affiliate 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 an affiliate, 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.
- 8. If my 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 affiliate service.
- 9. My performance of the affiliate duties is purely voluntary and I agree to assume all risk associated therewith. I do 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, 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 Affiliate status or duties. Including personal injury, death, or damage to property arising out of my activities. I also agree to indemnify and hold the University of North Georgia and the Board of Regents of the University System of Georgia harmless from all claims, demands, causes of action, actions, judgements or other liability including reasonable attorneys' fees arising out of, resulting from or in connection with my activities or duties.

Department Head:	
Signature:	Date:
Supervisor Name:	
Signature:	Date:
Affiliate Name:	
Signature:	Date: