

Volunteers at Arizona State University (ASU) are individuals that work or perform activities under the direction and control of an ASU authorized official and are not being paid. Liability coverage is extended to volunteers acting at the direction of an ASU authorized official and within the course and scope of their ASU activities. Volunteers at ASU are provided the same liability protection afforded to employees. Volunteers working at the direction of a university employee for an official university activity are provided insurance coverage for liability for acts and/or omissions in accordance with state law [Arizona Revised Statutes § 41–621 et seq., Arizona Administrative Code R2–10–107(B)].

ASU volunteers are NOT covered by workers’ compensation insurance for injuries or illness resulting from their volunteer activities. Volunteers are strongly encouraged to obtain their own medical insurance before participating in this program.

Volunteers for ASU-sponsored activities must provide the following information:

### VOLUNTEER INFORMATION

ASU Employee or Affiliate ID#: (N/A if not applicable)	
First and Last Name:	
Email:	
Phone:	
Address:	
Age:	
Affiliation with ASU:	

### CRIMINAL BACKGROUND INFORMATION

Please answer the following question truthfully and completely. If you are not sure how to answer the question, please ask for assistance. Your failure to make a full and accurate disclosure of any prior conviction(s), or to answer the question fully and accurately, may result in the rejection of any pending volunteer application.

ASU Human Recourse will conduct background checks on all applicants with priors. A criminal conviction(s) however, does not constitute an automatic bar from volunteering. Factors considered in this regard include, but are not limited to, age at time of offense(s), the nature of the offense(s), and the relationship between the offense(s) and the assignment(s) for which you are seeking.

**Question:** Have you ever been convicted of a crime in any domestic, foreign or military court and such conviction wasn’t later set aside or expunged?  Yes  No

**Volunteer Signature:**

I understand the following:

1. If I will be driving ASU owned, rented, or leased vehicles/carts I must complete the [Authorized Driver Program](#) before operating an ASU vehicle.
2. If I will be interacting with minors in connection with my volunteer duties I must be in compliance with the [Minors on Campus Program](#).
3. If I will be driving my personal vehicle in connection with my volunteer duties ASU and the State of Arizona does not provide coverage for personal vehicles. In the event my personal vehicle is used to conduct ASU business, my auto insurance will be primary in the event of any damage and the State of Arizona will only provide coverage for bodily injury in excess of my primary health insurance. No physical damage will be provided by ASU or the State or Arizona.

I have carefully read the ASU volunteer policies and information above and understand their contents. All statements made in this volunteer application are true and authorization is given to investigate all matters contained in this application. Any false statement or misrepresentation on this application may be cause for refusal of placement and immediate dismissal at any time during the period of my volunteer assignment.

Volunteer's Signature	Date

If volunteer is younger than 18 years old, Parent or Legal Guardian must also sign:

Parent/Legal Guardian Signature	Date

**COMPLETED BY VOLUNTEER'S SUPERVISOR**

It is the Principal Investigator (PI), Supervisor, and Department Head's responsibility to ensure this form is completed appropriately and that the volunteer complies with all applicable training. For training guidelines, please visit: [EH&S Training](#)

Departments may use volunteers for non-high risk positions. It is at the discretion of the Supervisor to review the duties below.

Supervisor/PI's Name:	
Supervisor/PI's Email:	
Department Name:	SEMTE
Location of Activities/Lab:	
Volunteer Start Date:	
Volunteer End Date:	(1 yr. max)

**Description of Volunteer Duties:**

see next page

**Use of ASU Vehicle.** Will volunteer by driving an ASU rented or owned vehicle including carts in connection with their volunteer duties? \_\_\_\_\_

If **yes**, all individuals driving ASU owned, rented, or leased vehicles/carts **must** complete the [Authorized Driver Program](#) before operating an ASU vehicle. Have you confirmed this volunteer is authorized to drive? \_\_\_\_\_

**Use of Personal Vehicle.** Will volunteer by driving their personal vehicle in connection with their volunteer duties? \_\_\_\_\_

If **yes**, please make sure volunteer understands the State does not provide coverage for personal vehicles. In the event a personal vehicle is used to conduct ASU business, the owner’s auto insurance will be primary in the event of any damage and the State will only provide coverage for bodily injury in excess of the individual’s primary health insurance. No physical damage will be provided by the State.

**Working with Minors.** Will the volunteer be interacting with minors in connection with their volunteer duties? \_\_\_\_\_

If **yes**, all individuals who will be in the care, custody, or control of minors in ASU activities, must comply with the [Minors on Campus Policy](#) requirements. Has this volunteer completed the fingerprinting and training requirements? \_\_\_\_\_

**Signatures:**

Direct Supervisor/Principal Investigator Signature		Date	
Department Head/Designee Signature		Date	
Department Head/Designee Printed Name	Title	Email	

A completed and signed copy shall be maintained by the volunteer’s department.



# Release, Indemnity, and Assumption of Risk (includes travel)

Participant Name:

## 1. Activities

Document activity or activities here. Provide as much detail as possible.

## 2. Participant Emergency Contact Information

If I require emergency medical treatment, please contact:

Name of Emergency Contact Person: \_\_\_\_\_

Home Phone : \_\_\_\_\_ Work Phone: \_\_\_\_\_

If the Emergency Contact Person I have listed is not available, please contact:

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

I consent to the provision of emergency medical treatment to the extent that the treatment is necessary in the medical opinion of the doctor rendering the treatment.

## 3. Consent of Participant

I am signing this Release so that I can participate in the activities described above. This Release, Indemnity and Assumption of Risk Statement, covers all events and occurrences associated with the activities, including any associated travel, meals, and lodging. I understand that if I have any concerns about my health or ability to participate, it is my responsibility to discuss my concerns with my physician before deciding to participate.

I agree to assume the risk that unexpected events may occur and result in harm, injury, or illness to me or damage to my property while I am participating in, or observing, the activities or while I am traveling to or from the activities. I agree to indemnify the State of Arizona, and its departments, agencies, boards, commissions, universities, officers, officials, agents and employees and not to sue ASU for any harm or damage associated with my participation, observation, or travel if the harm or damage is not due to the negligence or fault of ASU. I understand that my participation in these activities is voluntary.

Note: In this agreement, "ASU" means the State of Arizona, and its departments, agencies, boards, commissions, universities, officers, officials, agents, and employees.

**Signature of Participant:** \_\_\_\_\_

**Date:** \_\_\_\_\_

If Participant is younger than 18 years old, Parent or Legal Guardian must also sign:

**Signature of Parent or Legal Guardian:**

**Date:** \_\_\_\_\_