



**Volunteer registration form**

Volunteers at Arizona State University are individuals that work or perform activities under the direction and control of an ASU-authorized official and are not 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 or omissions following state law, Arizona Revised Statutes § 41–621 et seq., Arizona Administrative Code R2–10–107(B).

Workers’ compensation insurance does **not** cover ASU volunteers for injuries or illnesses resulting from their volunteer activities. Volunteers are strongly encouraged to obtain their medical insurance before participating in this program.

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

**Volunteer information**

ASU employee or affiliate ID#: (write 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. Please ask for assistance if you are unsure how to answer the question. Your failure to fully and accurately disclose any prior conviction(s), or to answer the question fully and accurately, may result in the rejection of any pending volunteer application.

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

**Have you ever been convicted of a crime in any domestic, foreign or military court, and such conviction was not later set aside or expunged?** Yes No

**Volunteer signature**

I understand the following:

- If I will be driving ASU-owned, rented or leased vehicles and carts, I must [complete the Authorized Driver Program](#) before operating an ASU vehicle.
- If I will be interacting with minors in connection with my volunteer duties, I must [follow the Minors on Campus Program](#).



- ASU and the state of Arizona do not provide personal vehicle coverage. 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 over my primary health insurance. No physical damage coverage will be provided by ASU or the state of Arizona.

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

Volunteer signature	Date

The parent or legal guardian must sign if the volunteer is younger than 18 years old.

Parent or legal guardian signature	Date

**Completed by volunteer's supervisor**

It is the principal investigator, 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 the ASU Environmental Health and Safety training tool webpage](#). Departments may use volunteers for non-high-risk positions. It is the supervisor's discretion to review the duties below.

Supervisor or PI's name:	
Supervisor or PI's email:	
Department name:	
Location of activities or lab:	
Volunteer start date:	
Volunteer end date:	

**Description of volunteer duties**

**ASU vehicle use** — will the volunteer drive an ASU-rented or owned vehicle, including carts, in connection with their volunteer duties? Yes No

If you selected yes, all individuals driving ASU-owned, rented, or leased vehicles and carts must [complete the Authorized Driver Program](#) before operating an ASU vehicle.

Have you confirmed this volunteer is authorized to drive? Yes No



**Personal vehicle use** — will the volunteer be driving their personal vehicle in connection with their volunteer duties? Yes No

If you selected yes, please ensure the volunteer understands that the state does not provide coverage for personal vehicles. If a personal vehicle is used to conduct ASU business, the owner's auto insurance will be the primary in the event of any damage. The state will only provide coverage for bodily injury over the individual's primary health insurance. The state will not provide physical damage coverage.

**Working with minors** — will the volunteer be interacting with minors in connection with their volunteer duties? Yes No

If you selected yes, all individuals who will be in the care, custody or control of minors during ASU activities must [comply with the Minors on Campus policy](#) requirements.

Has this volunteer completed the fingerprinting and training requirements? Yes No

**ASU signatures**

Direct supervisor or principal investigator signature	Date	
Department head or designee signature	Date	
Department head or designee printed name	Title	Email

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



**Release, Indemnity and Assumption of Risk**

**Participant name:** \_\_\_\_\_

**Activities**

Document activities here. Please provide as much detail as possible.

**Participant emergency contact information**

If I require emergency medical treatment, please contact:

Emergency contact name: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

If the emergency contact person I have listed is not available, please contact:

Doctor's name: \_\_\_\_\_

Phone number: \_\_\_\_\_

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.

**Consent of participant**

I am signing this release to participate in the activities described above. This release, indemnity and assumption of risk statement cover 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, I must 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. I also agree 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.

\_\_\_\_\_  
Participant signature

\_\_\_\_\_  
Date

If the participant is younger than 18 years old, the parent or legal guardian must also sign:

\_\_\_\_\_  
Parent or legal guardian signature

\_\_\_\_\_  
Date