

## NEW VOLUNTEER CHECKLIST FOR COORDINATORS- Part I

Volunteer Name: \_\_\_\_\_ Area: \_\_\_\_\_ Program: FGP/SCP

Gather these documents and complete this checklist to send to the Flagstaff office for review.

\_\_\_\_\_ Prospective volunteer completed the initial application documents.

\_\_\_\_\_ Make sure the legal name entered on Page 1, check that the name matches the Driver's License and/or Photo ID. *Check the spelling.*

\_\_\_\_\_ Any previous names (first and last), maiden names or nick names entered.

\_\_\_\_\_ Verify their age (55 minimum).

\_\_\_\_\_ Make sure Veteran status is checked.

\_\_\_\_\_ Add email address *if applicable*, for Volunteer Newsletter.

\_\_\_\_\_ Reference information, names match the reference check forms.

\_\_\_\_\_ Emergency contact and beneficiary contact information is entered.

\_\_\_\_\_ Can they drive and/or provide their own transportation.

\_\_\_\_\_ **If checked yes**, they must present a valid driver's license and current auto insurance policy information. Document all dates and numbers on Page 2.

\_\_\_\_\_ **If checked no**, they must present a Photo ID, with a name that matches the name entered on Page 1.

\_\_\_\_\_ Disclosure statement, if the Yes box is checked, they must complete an A-Check Global authorization form, or enter a valid email address on Page 1.

\_\_\_\_\_ Applicant signature, make sure it is dated.

\_\_\_\_\_ Coordinator signs that they viewed the driver's license and/or photo ID, and that it matches the name on Page 1.

\_\_\_\_\_ Original Confidentiality form, volunteer name printed, signed and dated.

\_\_\_\_\_ Original Photo release form, volunteer name printed, signed and dated.

\_\_\_\_\_ Original Income form, with household number entered, signature and date.

\_\_\_\_\_ National Sex Offender Public Registry search on current, former and nicknames names.

\_\_\_\_\_ **Make sure any hits or results on any name is resolved**, and enter on the results page the reason why the result/hit is not the applicant ie date of birth, gender, or photo.

\_\_\_\_\_ Two references, names should match references on Page 1.

\_\_\_\_\_ Signed fingerprint cards, make sure previous last names and SSN are included.

\_\_\_\_\_ Signed and completed Vendor Authorization form.

\_\_\_\_\_ Make copy of application for Coordinator records before mailing to Flagstaff.

### ADDITIONAL VOLUNTEER INFORMATION:

Volunteer (*umbrella if applicable*) Station: \_\_\_\_\_ (ie Senior Center)

Volunteer Work Site: \_\_\_\_\_ (ie Senior Center)

Does volunteer station have an existing MOU? \_\_\_\_\_ Yes \_\_\_\_\_ No

**If not**, when should we expect the MOU? \_\_\_\_\_ (note, MOU has to be signed by all parties prior to volunteer placement).

Preferred training completion date: \_\_\_\_\_

Preferred volunteer start date is: \_\_\_\_\_

*\*If you need handbooks, policy manuals or timesheets contact the Flagstaff office.*

**NEW VOLUNTEER CHECKLIST FOR COORDINATORS – Part II**  
**Pre-Service Checklist**

Volunteer Name: \_\_\_\_\_ Area: \_\_\_\_\_ Program: FGP/SCP

Gather these documents and complete this checklist to send to the Flagstaff office for review before the volunteer can be cleared for D hours.

\_\_\_\_\_ Completed and signed training log with at least 20 hours of pre-service training and orientation.

\_\_\_\_\_ Signed Policy Manual Agreement.

\_\_\_\_\_ Signed Driver Agreement (if applicable – for SCP volunteers).

\_\_\_\_\_ Defensive Driver Quiz.

\_\_\_\_\_ Direct Deposit Form (if applicable).

\_\_\_\_\_ Emailed photo for badge.

## Civic Service Institute

Dear

Thank you for your interest in the Senior Companion Program. It was wonderful to talk with you on the phone today, I look forward to receiving back an application from you. On the reverse side of this letter, I am including information on the program's eligibility requirements, examples of what volunteers may be expected to do, prohibited activities, and benefits of being a Senior Companion volunteer. Please note that our federal grant requires that all volunteers must serve a **minimum 10 hours per week**. If you cannot serve **10 hours per week** please do not submit an application; I can refer you to similar volunteer programs that do not have a minimum hour requirement.

The application process has two phases and the documents I am sending you today will complete phase one. After you return the enclosed application, I will call your references and then follow up with you to begin the second phase. Once I have received back all the completed documents I will submit the packet to our office in Flagstaff and we will begin training.

Many applicants have questions regarding the Income Eligibility Form and why we ask about your income. The program requires that, in order to receive the hourly stipend, a volunteer must earn less than 200% of the federal poverty guidelines. The current maximum income for a single person is \$24,280 per year (\$2,023.33 per month) and \$32,920 per year (\$2,743 per month) for two people. If your income is over the maximum income level, please give me a call and we can explore allowable medical deductions. The stipend you will receive has no effect on any income-based services that you may be receiving including Social Security, SSI/SSDI, and housing assistance.

Once completed, please return the application to me in the envelope provided. To ensure that all parts of the application are completed I've also included a checklist on the back of this letter. If you have any questions, please do not hesitate to call me.

Sincerely,

Program Coordinator –

PO Box 5063 Flagstaff, AZ 86011    928.523.3056    877.856.3017

Funding for Programs Partially Provided by:

Arizona Governor's Office of Youth, Faith and Family



**Eligibility Requirements:**

- 55 years of age or older
- Volunteer a minimum of 10 hours/week
- Meeting income guidelines
- Attend monthly in-service training
- Pass a National Sex Offender Registry check, Arizona statewide fingerprint, and FBI fingerprint check
- Attend 20 hours of pre-service training and orientation

**Volunteer Duties:**

- Providing visitation and companionship
- Transporting to doctor appointments, grocery store, shopping and/or social events
- Providing information on community resources
- Respite Care

**Volunteers DO NOT:**

- DO NOT handle medications
- DO NOT provide bathing assistance
- DO NOT provide dressing assistance
- DO NOT lift or transfer clients

**Benefits:**

In return for your volunteer service you will receive the following:

- A tax free stipend of \$2.65 an hour
- Mileage reimbursement
- Secondary insurance coverage while volunteering
- Recognition for your contributions
- The reward of assisting seniors in need
- Paid training
- Vacation and sick leave, as well as paid Holiday

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**APPLICATION CHECKLIST - PHASE ONE**

- Signed application (in ink), including the following:
  - Social Security Number
  - Two (2) references
  - Emergency contact and beneficiary (if different)
  - Official identification card and auto insurance information
- Completed and signed annual income form
- Signed confidentiality form
- Signed photo release form

Civic Service Institute

**Application & Enrollment Form** (Substitute W-9)

**For the Senior Companion Program (SCP) & Foster Grandparent Program (FGP)**

**Sponsored by the Civic Service Institute at NAU**

PO Box 5063, Flagstaff, AZ 86011-5063

Phone: (928)523-3560; Fax: (928)523-9189; Toll Free: (866) 856-3017

Date of Application: \_\_\_\_\_ Please check the program for which you are applying: ☐ SCP ☐ FGP

Legal Name (matches Photo ID): \_\_\_\_\_  
(Last) (First) (Middle)

I Prefer to be called: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Please list **all** current or previous aliases, **all** former names (including maiden name) and nicknames:

Are you a U.S. Veteran?: ☐ Yes ☐ No Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Social Security Tax Identification #: \_\_\_\_\_ Gender: \_\_\_\_\_

Languages spoken other than English: \_\_\_\_\_

**Please share why you would like to be a SCP/FGP volunteer, and provide any other relevant experience?**

Please list two character references that are **NOT** related to you. We **WILL** be contacting each reference listed:

Name	Phone #	Relationship	How long have you known reference?
1. _____	_____	_____	_____
2. _____	_____	_____	_____

**Emergency Contact Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_ **City/State:** \_\_\_\_\_  
\_\_\_\_\_ **Zip:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Relationship to you:** \_\_\_\_\_

**Insurance Beneficiary:** You **MUST** name a beneficiary for **OUR** insurance carrier in case of accident while volunteering.

Same as emergency contact: ☐ **OR** Different from emergency contact: ☐ (Please list beneficiary below)

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Employment and/or Volunteer History:**

<u>Company/Organization Name</u>	<u>Position</u>	<u>From</u>	<u>To</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**IDENTIFICATION AND INSURANCE INFORMATION:**

**Please check whether you drive and can provide your own transportation:**      ☐ Yes      ☐ No

**If Yes**, or if DL is the primary ID, please provide the below information:

Driver's License #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Insurance Company Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Insurance Policy Expiration Date: \_\_\_\_\_

**If No**, please provide the document # & expiration date for one of the below IDs:

☐ State ID Card: \_\_\_\_\_ / Exp: \_\_\_\_\_

☐ Passport: \_\_\_\_\_ / Exp: \_\_\_\_\_

☐ Other\*: \_\_\_\_\_ / Exp: \_\_\_\_\_

\*Please list what type of document was viewed along with the document ID or expiration date if applicable.

**DISCLOSURE STATEMENT**

**Have you ever been convicted of, plead guilty, or "no contest" to a crime that has or has not been expunged or removed from your record?**

A full disclosure is to your advantage because your record does not automatically disqualify you for acceptance in the program. However, failure to admit convictions may result in the disqualification of your application.

☐ **NO**

☐ **YES** (Please ask your area program coordinator for the **A-Check Global** authorization form)

**We are an inclusive project. Qualified individuals with disabilities and those from diverse backgrounds are strongly encouraged to apply. Reasonable accommodations for qualified individuals will be provided.**

I fully understand that, if accepted into either the Senior Companion or Foster Grandparent Program, I am a volunteer in the program and not an employee of Northern Arizona University or the State of Arizona. Also, as a volunteer, I realize that I receive a tax-free stipend and not a taxable wage for my volunteer efforts. If I drive, I certify that I am covered and will maintain the Arizona State minimum automobile liability insurance for the duration of my volunteer service. I understand I must show my driver's license and my automobile liability insurance in order to drive for the program. I also understand that I may be required to have a TB skin test.

I understand that I am required to undergo a National Service Criminal History check, and that selection for participation in the Senior Companion and Foster Grandparent Programs is contingent upon review of my criminal history (if any) by the Program and NAU Human Resources.

I hereby certify that under penalty of perjury that the answers given above are true and correct to the best of my knowledge and belief. I consent to permit NAU to conduct the required criminal history checks.

**Applicant Signature:** \_\_\_\_\_

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

I viewed an official photo Identification Card for the person listed on this application. I verify the name listed on the Identification Card matches the name listed on the first page of this application. If an applicant will be driving for the program and requesting mileage reimbursement, a valid driver's license and insurance policy must be viewed.

**Volunteer Coordinator Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

☐ Also RSVP?      Referred By: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

**DIRECTOR SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_ **Enrollment Date:** \_\_\_\_\_

☐ This is a new applicant ☐ This is an existing Foster Grandparent or Senior Companion

### **ELIGIBILITY FORM FOR FGP AND SCP VOLUNTEERS AND APPLICANTS**

In order to receive a stipend a Foster Grandparent or Senior Companion must be at least 55 years of age and cannot have an annual income from all sources, after deducting allowable medical expenses, which exceeds the program's income eligibility guideline for the state in which he or she resides. Annual income is required to be counted for the *past 12 months* for serving volunteers and is *projected* for the next 12 months for new applicants.

***Please complete all areas, particularly those highlighted in yellow.***

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

***Number in household:*** \_\_\_\_\_

***In all categories below list all sources of income for the volunteer applicant and others, if living in same residence.***

Current Income from all sources of Applicant and others, if living in same residence	A. Volunteer's Monthly Income	B. Other's Monthly Income	C. Total Monthly Income (A+B)		D. Total Annual Income (C x 12)
Social Security	\$	\$	\$	x 12 mo.	\$
SSI / SSDI	\$	\$	\$	x 12 mo.	\$
Pension/Retirement	\$	\$	\$	x 12 mo.	\$
Interest/Dividends	\$	\$	\$	x 12 mo.	\$
Other: see back for list of other countable income	\$	\$	\$	x 12 mo.	\$
<b>COLUMN TOTALS</b>	\$	\$	\$	x 12 mo.	\$

Allowable deductions for medical expenses, if any. Please note up to 50% of the maximized qualifying amount can be deducted. See reverse side for examples of allowable medical deductions.

Health Insurance Premiums (Medicare)	\$ _____ per month or	\$ _____ per year
Prescription Drugs	\$ _____ per month or	\$ _____ per year
Doctor visits/medical bills	\$ _____ per month or	\$ _____ per year
Other allowable medical costs	\$ _____ per month or	\$ _____ per year
	\$ _____ Total per month	\$ _____ Total per year

**FOR OFFICE USE ONLY:**

Total Household Annual Income: \$ \_\_\_\_\_  
 Minus total allowable medical expense deduction: — \_\_\_\_\_  
 Equals **Total Annual Qualifying Income:** \$ \_\_\_\_\_

I certify that the information furnished above is correct and understand that falsification of information may result in my being deemed ineligible to receive a stipend as a Foster Grandparent or Senior Companion. *I understand that a knowing and willful false statement on this form can be punished by a fine or imprisonment or both under Section 1001 of Title 18, U.S.C.*

***VOLUNTEER SIGNATURE*** ***DATE*** **REVIEWED BY NAU STAFF** **DATE**

## **What is considered income for determining volunteer eligibility?**

**According to Section 2551.43 of the Senior Companion Regulations and Section 2552.43 of the Foster Grandparent Program Regulations:**

- (a) For determining eligibility, “income” refers to total cash or in-kind receipts before taxes from all sources including:
  - (1) Money, wages, and salaries before any deduction, but not including food or rent in lieu of wages;
  - (2) Receipts from self-employment or from a farm or business after deductions for business or farm expenses;
  - (3) Regular payments for public assistance, Social Security, Unemployment or Workers Compensation, strike benefits, training stipends, alimony, child support, and military family allotments, or other regular support from an absent family member or someone not living in the household;
  - (4) Government employee pensions, private pensions, and regular insurance or annuity payments; and
  - (5) Income from dividends, interest, net rents, royalties, or income from estates and trusts.
- (b) For eligibility purposes, income does not refer to the following money receipts:
  - (1) Any assets drawn down as withdrawals from a bank, sale of property, house or car, tax refunds, gifts, one-time insurance payments or compensation from injury.
  - (2) Non-cash income, such as the bonus value of food and fuel produced and consumed on farms and the imputed value of rent from owner-occupied farm or non-farm housing.

## **What are allowable medical expenses that may be deducted from income?**

**According to the Senior Companion Regulations, Section 2551.42(c) and the Foster Grandparent Regulations, 2552.42 (c):**

Allowable medical expenses are annual out-of-pocket medical expenses for health insurance premiums, health care services, and medications provided to the applicant, enrollee, or spouse which were not and will not be paid by Medicare, Medicaid, other insurance, or other third party pay or, and ***which do not exceed 50 percent of the applicable income guideline.***

### **Examples of Allowable Out-of-pocket medical expenses:**

#### **Health Insurance Costs:**

Private Insurance, Medicare/Medicaid Premiums, Co-payments and Deductibles

#### **Prescription Drugs:**

Pharmacy Program Co-payments and Deductibles

#### **Medical Bills for Dr. Visits:**

Included, but not limited to: Medical care, Dental Care, Vision Care

#### **Other out-of-pocket Medical expenses:**

One time medical expense; equipment (supplies for dentures, hearing aids, eyeglasses, wheelchairs, canes, etc) Over the counter drugs and supplies (pain relievers, antacids, hearing aid batteries, vitamins, non-prescription eye glasses)

## **When and where are the current income eligibility guidelines published?**

The Corporation publishes the annual income eligibility guidelines shortly after the issuance of the HHS Poverty Guidelines, usually in February or early March. When issued the income eligibility guidelines are posted at [www.seniorcorps.gov](http://www.seniorcorps.gov) under “Manage Current Grants.” The guidelines clarify that for eligibility purposes, income does not include the value of food stamps provided under the Food Stamp Act of 1977, as amended.

**If you have questions or need further clarification on determining income eligibility, please contact your CNCS State Office.**



# **Senior Corps Confidentiality Policies**

## **Confidentiality**

Confidentiality is a very serious matter to the Senior Corps Programs and an important responsibility. Volunteers will know and have access to information concerning agency clientele and other matters that must be held in the strictest confidence.

Volunteers are responsible for holding this trust. We believe everyone has the right to his or her own privacy.

Volunteers are urged to discuss clients only with appropriate staff and at the appropriate time and place. This is a moral and legal obligation.

Any breach of confidentiality will result in disciplinary action or termination.

## **Statement of Confidentiality**

I fully understand that it is my responsibility to keep confidential any personal, family, medical, or financial information concerning any client with whom I am in contact.

I will not discuss anything concerning my client with anyone other than my supervisors. I will not divulge any information that may identify the client or his/her family that may cause embarrassment to him/her or to his/her family.

If necessary to speak of a client, I will use the first name only. I will not give out a client's name, address or phone number.

I understand that I can be held liable for willfully and knowingly releasing confidential records or information about a client.

Printed Name: \_\_\_\_\_

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

# Photo Release

I hereby grant permission to the Northern Arizona University's Civic Service Institute to use my photograph on its World Wide Web site or in any other printed, video or other media publications without further consideration, and I acknowledge that the NAU Civic Service Institute may choose not to use my photo at this time, but may do so at its own discretion at a later date. I also understand that once my image is posted on the website, the image can be viewed by any computer user on or off campus. Therefore, I agree to release NAU, NAU Civic Service Institute, and its employees from any and all claims, actions and liability relating to its use of said photographs. No monetary gains are expected from the use of these photos as NAU and the NAU Civic Service Institute are not-for profit organizations.

If I do not want my picture used by the Civic Service Institute, I understand that it is **MY** responsibility to remove myself from any photographs taken at Senior Corps events, meetings, trainings, service, or recognition events.

Printed Name: \_\_\_\_\_

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

## Civic Service Institute

Dear

Thank you for completing the first phase of the Senior Companion Program application process. After reviewing your application and contacting your references, I would like to invite you complete the application process. The second phase consists of a physical and fingerprint based background check, both of which are requirements of our federal grant.

Enclosed you will find the following:

- Two fingerprint cards, which must both be returned. We have provided you with two sets of prints because DPS often has difficulty reading the first set and we must submit a second set. I recommend getting your fingerprints rolled at . CSI will reimburse you for the cost of having your fingerprints rolled. You must submit an original receipt with your cards to receive the reimbursement.
- The Vendor Authorization Form, which is required in order to issue your stipend and any other reimbursements. We have filled in some of the basic fields in advance but you must complete the remaining fields and sign in order to receive your monthly checks.

Once completed, please return both fingerprint cards and the completed vendor form to me in the envelope provided. To ensure that all parts of the application are completed I have included a checklist below. If you have any questions, please do not hesitate to call me.

Sincerely,

Program Coordinator –


### **APPLICATION CHECKLIST- PHASE TWO**

- Two (2) Fingerprint cards
- Fingerprinting receipt – *if cost incurred*
- Vendor Authorization form

PO Box 5063 Flagstaff, AZ 86011    928.523.3056    877.856.3017


Funding for Programs Partially Provided by:  
Arizona Governor's Office of Youth, Faith and Family



 <p style="font-size: small; margin-top: 5px;">Contracts, Purchasing, and Risk Management</p>	<h2 style="margin: 0;">NORTHERN ARIZONA UNIVERSITY</h2> <h3 style="margin: 0;">SUBSTITUTE W-9 &amp; VENDOR AUTHORIZATION FORM</h3> <p style="margin: 0; font-size: small;">Contracts, Purchasing, and Risk Management 928-523-4557</p>	<p style="font-size: small; margin: 0;">DO NOT SEND TO IRS RETURN TO NAU See Page 2</p> <p style="font-size: small; margin-top: 10px;">Revised 8/16/2019</p>
<p><b>Attention:</b> If the individual is an employee of Northern Arizona University or the business is owned wholly or partially by an employee of NAU DO NOT complete this form and contact Contracts, Purchasing, and Risk Management for assistance.</p> <p>Foreign individuals/business entities doing business within the U.S. should complete the Foreign Substitute W-9 available at <a href="http://nau.edu/services-Purchasing-Services/Forms/">http://nau.edu/services-Purchasing-Services/Forms/</a>.</p>		
<b>1. Taxpayer Identification Number (TIN):</b>		<input type="checkbox"/> Employer ID Number (EIN) <input type="checkbox"/> Social Security Number (SSN)
<b>2. LEGAL NAME:</b> <small>(must match TIN above)</small>		
<b>3. DUNS #</b> (If applicable)		
<b>4. LEGAL MAILING ADDRESS:</b>	<small>(Where check, tax information, and general correspondence is to be sent)</small>	
DBA (Doing Business As):		
Address:		
Address Line 2:		
City:	State:	ZIP Code:
<b>5. Remit to Address:</b>	<input type="checkbox"/> Same as Legal Mailing Address	
Address:		
Address Line 2:		
City:	State:	ZIP Code:
<b>6. Contact Name:</b>		
Phone Number:		
Email Address:		
<b>7. ENTITY TYPE</b>		
<input type="checkbox"/> Individual (not a business)	<input type="checkbox"/> Sole proprietor (Individually owned business) or sole proprietor organized as LLC or PLLC	<input type="checkbox"/> Corporation (NOT providing health care, medical or legal services)
<input type="checkbox"/> The US or any of its political subdivisions or instrumentalities	<input type="checkbox"/> A state, a possession of the US, or any of their political subdivisions or instrumentalities	<input type="checkbox"/> Tax-exempt organizations under IRC §501
<input type="checkbox"/> Corporation (providing health care, medical or legal services)		
<input type="checkbox"/> Partnership, LLP or partnership organized as LLC or PLLC		
<b>8. Business Purpose:</b>		
<input type="checkbox"/> Medical	<input type="checkbox"/> Merchandise	<input type="checkbox"/> Legal
<input type="checkbox"/> Other, Specify: Volunteer		
<b>9. Product or Service Provided/ Purpose of Payment:</b>		

**NOTE: IF BOTH PAGES OF THIS FORM ARE NOT COMPLETED THE FORM WILL BE RETURNED TO YOU.**

Northern Arizona University is fulfilling a mandate associated with state agencies increasing procurements from Arizona Small and Diverse Businesses.

 Contracts, Purchasing, and Risk Management	<b>NORTHERN ARIZONA UNIVERSITY</b> SUBSTITUTE W-9 & VENDOR AUTHORIZATION FORM Contracts, Purchasing, and Risk Management 928-523-4557	DO NOT SEND TO IRS RETURN TO NAU  Revised 8/16/2019
<b>10. FEDERAL INFORMATION – REQUIRED FOR BUSINESSES ONLY</b>		
What is the Federal classification type of your business? – see definitions on link below. (S.B.A. Small Business definition FAR 19.001 and size standards FAR 19.102) <a href="http://www.sba.gov/size">http://www.sba.gov/size</a>		
LARGE Business? YES <input type="checkbox"/> NO <input type="checkbox"/> SMALL Business? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Please check <u>all that apply</u> to your business for Federal Supplier Type:		
Service Disabled Veteran Owned (VD) <input type="checkbox"/>	Small Disadvantaged (SD) <input type="checkbox"/>	Women Owned (WO) <input type="checkbox"/>
Veteran Owned (VO) <input type="checkbox"/>	Minority Institution (MI) <input type="checkbox"/>	HUB Zone (HZ) <input type="checkbox"/>
Note: Supplier type will be verified through the System for Award Management <a href="https://www.sam.gov">https://www.sam.gov</a>		
<b>11. Residency (Select one):</b>		
<input type="checkbox"/> U.S. Person, Includes Resident Alien <input type="checkbox"/> Nonresident Alien performing services outside the U.S.		
<b>12. CERTIFICATION</b>		
Under penalties of perjury, I certify that : <ol style="list-style-type: none"> <li>1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me),</li> <li>2. I am not subject to backup withholding.</li> <li>3. I am a U.S. person (including a resident alien). Cross '3' if non-resident doing business outside the U.S.</li> <li>4. I certify that the organization and its principals are not debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any federal department or agency from doing business with the federal government. See Federal Acquisition Regulation section <a href="#">52.209-6</a> for more information regarding debarment.</li> </ol> <p><b>The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.</b></p>		
Are you retired from the Arizona State Retirement System (A.S.R.S.) and returning to work? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Payment Term: Net 30 in accordance with A.R.S. <a href="#">35-342</a> . <b>EXCEPTION: Senior Corps volunteers should be set to N00 Immediate pay terms, per Exception: 2019-01.</b>		
<b>PRINT NAME:</b>	<b>SIGNATURE:</b>	
Title: <b>Senior Corps Volunteer</b>	Date:	
<b>NAU Contact Name and Phone/Email:</b> Rachel Nixon-Bacon, 928-523-3560, <a href="mailto:Rachel.Nixon-Bacon@nau.edu">Rachel.Nixon-Bacon@nau.edu</a>		

E-mail completed and signed form to [nau-purchasing@nau.edu](mailto:nau-purchasing@nau.edu). Northern Arizona University is an Equal Opportunity/Affirmative Action Institution. *Foreign individuals/business entities should contact Contracts, Purchasing, and Risk Management to initiate the vendor registration process prior to providing services.*