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|  | **NORTHERN ARIZONA UNIVERSITY**  Contracts, Purchasing, and Risk Management  VOLUNTEER REGISTRATION FORM  928-523-4557 | RETURN TO:  [NAU-Insurance@nau.edu](mailto:NAU-Insurance@nau.edu)  NAU Box 4067  Revised 10/23/2019 |

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| **This portion of the form to be completed by the VOLUNTEER: (Please Print, Sign, and Date)** | | | | | | |
| 1. Volunteer’s Name: | | | | | | |
| 2. Mailing Address: | | | | | | |
| 3. City: | State: | Zip Code: | | | Home Phone: | |
| 4. \*\* If Volunteer is under 18 years of age, list age and follow instructions on page 2 of this form: | | | | | | |
| 5. 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? Yes No. If yes, explain (for more information, refer to [NAU Human Resources Policy 1.085](https://nau.edu/university-policy-library/hr_1-085/)).  Northern Arizona University (NAU) will consider the nature of the offense, relation to the position for which you are applying, time since conviction, and all other relevant facts and circumstances in determining whether or not to disqualify you from consideration. | | | | | | |
| 6. Alumnus/Alumna? Yes No. If yes, please provide the year(s) you graduated: | | | | | | |
| 7. Do you have Health Insurance? Yes No. If yes, provide the following information: | | | | | | |
| 8. Health Insurance Carrier: | | | | Policy #: | | Expiration Date: |
| 9. I have carefully read the information contained in this form and understand its contents. Information provided by me is accurate. | | | | | | |
| 10. Volunteer’s Signature: | | | Date: | | | |

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| **This portion of the form to be completed by the NAU SUPERVISOR: (Please Sign, Print, and Date)** | | | | |
| 11. Supervisor’s Name: | | | Title: | |
| 12. Department: | | | | |
| 13. Work Phone: | E-mail: | | | Box: |
| 14. Date Volunteer will begin volunteer activity: | | | Date Volunteer will end volunteer activity: | |
| 15. Description of Volunteer’s authorized duties: | | | | |
| 16. This volunteer position is Safety/Security Sensitive: Yes No (for more information, refer to [NAU Human Resources policy 1.085](https://nau.edu/university-policy-library/hr_1-085/)). | | | | |
| 17. Will the Volunteer be authorized to drive on NAU authorized and supervised business? Yes No | | | | |
| 18. If the answer to question 17 is yes, then the Supervisor shall provide the following information:   * Volunteer’s Driver License #:       State:       Expiration Date: * Volunteer’s Vehicle Insurance Carrier:       Policy #: * Provide date Volunteer completed Authorized Driver Training: * Will the Volunteer be driving a 9-12 passenger van for NAU? Yes No * If yes, provide date the Volunteer successfully completed the mandatory 9-12 passenger van training course offered by NAU       and provide a copy of the certification with this form. * Does the Volunteer have previous experience driving a 9-12 passenger van? Yes No.   Describe: | | | | |
| Supervisor’s Signature: | | Date: | | |

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| **Administrative Approval** |
| **LIABILITY COVERAGE:** Volunteers are those persons doing work for NAU under the direction and control of NAU officials and are not receiving payment, benefit, or credit from anyone for these activities. Registered volunteers are covered for liability when acting at the direction of NAU officials and within the course and scope of their authorized activities.  **\*\*Volunteers must be 18 years of age or older, unless prior written approval is obtained from NAU’s Human Resources Department. If a volunteer is under 18 years of age, written approval from NAU’s Human Resources Department must be attached to this Volunteer Registration Form and submitted to NAU’s Risk Management, Box 4067. Also, a Consent Form must be signed by the Parent or Legal Guardian and submitted to NAU’s Risk Management prior to commencement of activity. Contact Risk Management at (928) 523-2009 for more information or a copy of the Consent Form.**  **WORKERS COMPENSATION COVERAGE:** Volunteers are NOT covered for Workers Compensation if injured while participating in this program. Volunteers are strongly encouraged to obtain their own health insurance before participating in this program.  **ACCIDENT, MEDICAL, AND ACCIDENTAL DEATH & DISMEMBERMENT PLAN:** Arizona Department of Administration, Risk Management Division has purchased an accident, medical, and accidental death and dismemberment plan for registered volunteers. This plan is designed to cover registered volunteers while they participate in NAU authorized volunteer activities. If applicable, the plan will reimburse for eligible expenses, which are not payable by the Volunteer’s health care plan or any other insurance plan providing reimbursement for medical expenses. Claim forms can be obtained from NAU’s Risk Management (928) 523-2009.  **SAFETY-SECURITY SENSITIVE POSITIONS**: Per [NAU Human Resources Personnel Policy #1.085](https://nau.edu/university-policy-library/hr_1-085/), NAU positions, including volunteer positions, which are considered safety/security sensitive under the defined criteria are subject to certain background/fingerprinting requirements. The following links will assist you in determining whether the position is Safety/Security Sensitive.  [**Safety/Security Sensitive Position Identification Tool**](https://in.nau.edu/wp-content/uploads/sites/5/2018/07/Safety-Security-Sensitive-Identification-Tool-ek.doc)  [**Policy 1.085 Background Investigation**](https://nau.edu/university-policy-library/hr_1-085/)  **VOLUNTEERS DRIVING NAU OWNED, RENTED, OR LEASED VEHICLES**: All NAU volunteer drivers and their NAU supervisor shall complete and return the Volunteer Registration Form prior to driving on NAU approved business. The signed Volunteer Registration Form must be on file with Risk Management prior to driving on NAU business.  **VAN TRAINING**: Passenger van training is a requirement for all drivers of a 9-12 passenger van. NAU’s University Transit Services offers a behind the wheel skills course to all potential drivers of 9-12 passenger vans. Please contact (928) 523-5052 for more information. |