

# THE UNIVERSITY OF ARIZONA

## AFFILIATE/ASSOCIATE INFORMATION FORM Non-Salaried Appointments Only

(Please print legibly and provide all information requested)

Name: _____ Last First MI	
SSN: _____ - _____ - _____ Date of Birth ____/____/____ <input type="checkbox"/> Male <input type="checkbox"/> Female (SSN and DOB are required for access to university services and for pre-employment screening and will not be used for any other purpose)	
<input type="checkbox"/> Not a HS Graduate <input type="checkbox"/> High School/GED <input type="checkbox"/> Some College <input type="checkbox"/> College Degree <input type="checkbox"/> Graduate Degree <input type="checkbox"/> Post-Graduate Highest Degree Earned: _____ Year Earned: _____	
Permanent Street Address _____ City State Zip Code Home phone: ( ___ ___ ) _____ UA Department Phone Number: _____	Person to notify in emergency: First Name _____ Last Name _____ Phone _____ Address _____ _____
Have you worked in a paid position for the University of Arizona? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, what Department(s): _____ Dates: _____	
Are you a: <input type="checkbox"/> US Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Non-Resident with Temporary Visa (Attach copy of I-94) Visa Classification (if applicable): _____ Visa Expiration Date: _____	
Will your duties require you to drive a University of Arizona vehicle or to use your own vehicle to conduct University business? <input type="checkbox"/> Yes <input type="checkbox"/> No (Note: Individuals under the age of 18 may not drive in the course of their duties.)	
I attest that I am freely, without pressure or coercion, giving my time and services to the University of Arizona as an affiliate, associate or other individual working in an unpaid status. I am working in a non-salary or wage capacity solely for affiliation, educational, or personal reasons and without expectation of compensation, benefits or future employment from the University beyond any specified reimbursement arrangements, outside stipend or affiliate agreements. I agree to familiarize myself with, and abide by, the University of Arizona's rules and policies regarding conduct, confidentiality, safety and welfare. I understand that I may be subject to the same pre-employment screening and criminal background checks as paid employees performing similar duties. I understand the University provides limited accidental liability coverage to volunteers, but no other university or state-sponsored employee medical, retirement or insurance plans apply to this association and I will not be covered by the University for medical malpractice insurance (if applicable). My signature below affirms that all information on this information form is accurate to the best of my knowledge and I agree to abide by the conditions outlined above.	
<b>Affiliate/Associate Signature:</b> _____ <b>Date:</b> ____/____/____	
Office Use Only: EID _____ Reviewed by: _____	