

Arizona State University  
Insurance Services  
VOLUNTEER REGISTRATION FORM

This portion of the form to be filled out by the Volunteer:

Volunteer's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Home Telephone # \_\_\_\_\_

Volunteers are persons doing Arizona State University (ASU) work/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 official and within the course and scope of their ASU authorized activities. Volunteers of ASU are provided the same liability protection afforded employees. Volunteers acting within the course and scope of their ASU authorized activities may be covered for their liability exposure as authorized volunteers of ASU.

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.

Do you have health insurance? Yes \_\_\_ No \_\_\_ If yes, please provide the following optional information:

Medical Insurance Carrier: (Optional) \_\_\_\_\_

It is the department head's responsibility to make certain the volunteer complies with all applicable training provisions contained in EHS 705-08 available at <http://www.asu.edu/aad/manuals/ehs/ehs705-08.html>.

ASU policies regarding ASU volunteers are available at <http://www.asu.edu/aad/manuals/spp/spp212.html> and <http://www.asu.edu/aad/manuals/ehs/ehs705-08.html>.

I have carefully read the ASU volunteer policies and information above and understand their contents. The above information provided by me is accurate.

\_\_\_\_\_  
Volunteer's Signature Date

This portion of the form is to be filled out by the Supervisor and Department Head:

Department Head Name	Title	Email Address
Department	Telephone Number	Begin and End Dates

Description of Volunteer Duties: \_\_\_\_\_

\_\_\_\_\_  
Department Head Signature Date

Submit completed form to ASU Insurance Services by FAX (480) 965-3442 or Campus Mail #5212. Original copy shall be maintained by the volunteer's department.