



Risk & Emergency Management  
**Volunteers in Laboratories  
 Registration Form**

Volunteers at Arizona State University (ASU) are individuals that work or perform 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 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 and/or omissions in accordance with state law [Arizona Revised Statutes § 41–621 et seq., Arizona Administrative Code R2–10–107(B)].

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.

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

Volunteer's Name: James

Address: 4122 E. Contessa St City: Mesa

State: AZ Zip: 85205 Telephone # 6028090315

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

Medical Insurance Carrier: Cigna

**It is the Principal Investigator (PI) 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: [EH&S Training](#)**

**Criminal Background Information (to be completed by Volunteer):**

Please answer the following questions truthfully and completely. If you are not sure how to answer these questions, please ask for assistance. Your failure to make a full and accurate disclosure of any prior conviction(s), or to answer the questions fully and accurately, may result in the rejection of any pending volunteer application.

ASU does not allow individuals to volunteer who have been convicted of a violent crime, a sex offense or a crime of dishonesty. A criminal conviction(s) however, does not constitute an automatic bar from volunteering. Factors considered in this regard include, but are not limited to, age at time of offense(s), the nature of the offense(s), and the relationship between the offense(s) and the assignment(s) for which you are seeking.

Question #1: Have you ever been convicted of a crime in any domestic, foreign or military court, regardless of whether the conviction was later set aside or expunged?

Yes ☐ No ☒

Question #2: Do you presently have any criminal charges pending in any court?

Yes ☐ No ☒

If you answered "Yes" to either of the questions above, please provide the following information:

Offenses you were charged with	Felony or misdemeanor	Date charged (m/y)	Jurisdiction	Conviction: fine, jail time, trial pending, expunged, set aside*

\*If offense(s) has been set aside or expunged, please provide date(s) \_\_\_\_\_

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

DocuSigned by:

*Lamege Taylor*

016BCD1E05A8

Volunteer's Signature

September 13, 2018

Date

**Lab Activities and Supervisor Information (to be completed by Supervisor or PI):**

Departments may use volunteers for non-high risk positions. It is at the discretion of the Principal Investigator to review the duties below.

Description of Volunteer Duties to be performed:

Beginning and End Dates of Volunteer Duties: \_\_\_\_\_

Location of Lab/Building: \_\_\_\_\_

Direct Supervisor Signature		Date
Principal Investigator Signature (if not Direct Supervisor)		Date
Department Head/Designee Signature		Date
Cara Rickard		Cara.Rickard@asu.edu
Department Head/Designee Name	Title	Email Address
Department Name	Telephone Number	

DocuSign, E-mail or Fax completed and signed form to ASU Risk & Emergency Management at [insuranceservices@asu.edu](mailto:insuranceservices@asu.edu) or 480-727-9055. Original copy shall be maintained by the volunteer's department.



## Release, Indemnity, and Assumption of Risk (includes travel)

### Participant Name:

James

### 1. Activities

Document activity or activities here. Provide as much detail as possible.

### 2. Participant Emergency Contact Information

If I require emergency medical treatment, please contact:

Name of Emergency Contact Person: Tedi Jo Taylor

Home Phone : 6023599345

Work Phone: 6023599345

If the Emergency Contact Person I have listed is not available, please contact:

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

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.

### 3. Consent of Participant

I am signing this Release so that I can participate in the activities described above. This Release, Indemnity and Assumption of Risk Statement, covers 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, it is my responsibility to 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 and 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.

Signature of Participant: 

Date: September 13, 2018



## Authorized Driver Acknowledgement

**Will you be driving an ASU owned, leased or rented vehicle including carts in connection with your volunteer duties?**

Yes ☐ No ☒

**If Yes, please follow the process below:**

[Click Here](#)

All employees and volunteer who drive a vehicle for ASU must become an [Authorized Driver](#). Please visit the [Volunteer Driver](#) FAQ for additional information. [Click Here](#)

The Arizona Department of Administration regulations and ASU policy ([EHS 119: Motor Fleet Safety](#)) [Click Here](#) requires that all ASU employees who drive must complete the following steps:

- 1) Consent to become an Authorized Driver and provide your US license information.
- 2) Agree to have your Motor Vehicle Record checked.
- 3) Complete the [Authorized Driver Training](#). [Click Here](#)

Please contact [insuranceservices@asu.edu](mailto:insuranceservices@asu.edu) as soon as possible to gain access to the Authorized Driver program webpage where you will consent and enter in your license information. This page requires a security role that will need to be approved by the Department where you are volunteering and ASU Risk Management and this process can take up to 72 hours for approval.

× **I acknowledge that I have read the above information and understand how to become an ASU “Authorized driver” and I will not drive for ASU until I complete all the requirements.**

Name: James

Date: September 13, 2018

DocuSigned by:  
**Signed:** James E. Taylor  
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