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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| University of California, Riverside | | | | | | | | | | | | | | A blue text on a black background  Description automatically generated | | | | | | | | | | | | | | |
| UCR Campus Policy — Volunteer (without salary) Appointments — (650-85) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Volunteer Registration Form | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| This section is to be completed by the volunteer. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name**: | |  | | | | | | | | | | **Home Phone**: | | | |  | | | | | | | | | | | | |
| **Address**: | |  | | | | | | | | | | **Work Phone**: | | | |  | | | | | | | | | | | | |
| **City:** | |  | | | | | | | **State:** | | |  | | | | | | | | **Zip code:** | | | | |  | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Are you over 18 years of age:** | | | | | | | | **Yes  No** | | | **Student Status:** | | | | **Not Applicable**  **Undergraduate  Graduate** | | | | | | | | | | | | | |
| **If student, name of school:** | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| **Is work performed related to coursework at that school?** | | | | | | | | | | | | | | **☐ Yes ☐ No** | | | | | | | | | | | | | | |
| **Emergency Contact:** | | | |  | | | | | | | | | **Phone (day):** | | | | | |  | | | | **Phone (evening):** | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| This volunteer appointment may be subject to a background check. Any convictions will be evaluated to determine if they directly relate to the responsibilities and requirements of the position. Having a conviction history will not automatically disqualify a volunteer from being considered. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Signature Of Volunteer:** | | | | | | |  | | | | | | | | | | | | | **Date**: | | | | | |  | | |
| **Witness:** | | | | | | |  | | | | | | | | | | | | | **Date**: | | | | | |  | | |
| This section is to be completed by the departmental/unit supervisor or Research Director. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Department:** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **Work Location:** | | |  | | | | | | | | | | | | | | **Work Phone**: | | | | |  | | | | | | |
| **Supervisor:** | | |  | | | | | | | | | | | | | | **Extension**: | | | | |  | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Supervisor:** | | | | | | | | | | | | | | | | | | **Duration of Employment (MM/DD/YY):** | | | | | | | | | | |
| **Beginning**: | | |  | | | | | | | |
| **Work Schedule:** | | | | | |  | | | | | | | | | | | | **Ending**: | | |  | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Loyalty Oath Signature:** | | | | |  | | | | | | | | | | | | | | | | | | | **Date**: | | |  | |
| **Patent Agreement Signature Witnessed:** | | | | | | | | | |  | | | | | | | | | | | | | | **Date**: | | |  | |
| **Signature of Department Head or designee:** | | | | | | | | | |  | | | | | | | | | | | | | | **Date**: | | |  | |
| **Title:** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**Distribution** (Retention: 3 years)

Department/Service Center: Original

Volunteer, Organizational Unit: Copy

In addition, a copy should be sent to Workers’ Compensation Unit for all Volunteers in TC 9900