



WORKERS' COMPENSATION PROGRAM

Volunteer Registration Form

This section to be completed by the supervisor or research director:

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|--|----------------------------|--------------|
| Department: | Supervisor: Work Phone: | |
| Work Location: | Social Security Number: | |
| Period of Service: | | |
| Work Schedule: | | |
| Brief Description of Duties: | | |
| State Oath of Allegiance, Patent Policy, and Patent Acknowledgement (UPAY 585) form | | Date Signed: |
| Signature of Department Head or Designee: | Title: | Date: |

This section to be completed by the volunteer:

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| Name: | Phone: |
| Address: | Student Status: <input type="checkbox"/> Graduate <input type="checkbox"/> Undergraduate <input type="checkbox"/> Not Applicable |
| If a student, name of school: | Is volunteer work related to course work? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Volunteer Statement: <p><i>I understand that the above-described volunteer service will be uncompensated (except for per diem, where applicable). I understand that either I or the University may terminate this relationship at any time without notice. I agree to abide by all rules and regulations of the University. I understand that I am not an employee of the University.</i></p> | |
| Volunteer's Signature: | Date: |