THE UNIVERSITY OF ARIZONA

AFFILIATE/ASSOCIATE INFORMATION FORM

Name:_____ _____ _____
Last First MI

SSN: ___ ___ ___ - ___ ___ - ___ ___ ___ ___ Date of Birth ____/____/_____ ☐ Male ☐ Female

(A Social Security Number and date of birth is required to verify identification for access to university services and electronic systems)

Indicate the highest level of education completed: ☐ Not a HS Graduate ☐ High School/GED

☐ Associate Degree ☐ Bachelors Degree ☐ Graduate Degree ☐ Post-Graduate: _____

Primary Major/Field:_____ Year highest degree earned: _____

_____
Permanent Street Address

_____
City State Zip

( ) _____
Home Phone:

_____
Spouse/Partner's First Name *(if applicable)*

Home Dept. Phone Number: _____

Person to notify in emergency:

_____
First Name

_____
Last Name

_____
Phone

_____
Email

Marital Status: ☐ Single ☐ Married

Have you ever worked in a paid position for the University of Arizona? ☐ Yes ☐ No

If yes, what department(s)?: _____ Dates: _____

Under what name if different? _____

Are you a: ☐ US Citizen ☐ Permanent Resident ☐ 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? ☐ Yes ☐ No

I attest that I am freely, giving my time and services to the University of Arizona as an affiliate or associate. 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 reimbursement arrangements, outside stipends or those specified in the affiliate agreement (i.e. Tuition Reduction Program).

I understand the University provides limited secondary 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).

Finally, I understand that this arrangement with the University carries with it no promise of continuation and can be terminated at any time by either party without notice.

Affiliate/Associate Signature: _____ **Date:** ____/____/_____

Office Use Only: EmpID _____ Reviewed By: _____