



VOLUNTEER QUALIFICATION CHECKLIST

UA Department: _____ Phone: _____ Campus: _____ Date: _____

Department Contact: _____ Anticipated Dates of Volunteer Service: _____

Specific Tasks and Duties to be Assigned to Volunteer: _____

Location of Volunteer Service: _____

Name of Volunteer: _____ Address of Volunteer: _____

Name of UA employee(s) who will directly supervise volunteer: _____ Job Title: _____

Is Volunteer a university employee? If yes, HR approval is required.	No	Yes	Current Position: _____ Current Dept: _____ Initial that: _____ Volunteer services will not be the same type of services as those performed as an employee _____ Employee will not perform volunteer services during their normal working hours
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VOLUNTEER QUALIFICATIONS:		No	Yes
1.	Will the volunteer work under the direct supervision of, and be given the means and direction for the performance of work, by a paid UA employee?		If no, stop here. Individual does not qualify
2.	Will the volunteer perform work where there is a legitimate need for services?		If no, stop here. Individual does not qualify
3.	Is the work related to the business or operations of UA?		If no, stop here. Individual does not qualify
4.	Does the volunteer have the skills necessary to perform the work?		If no, stop here. Individual does not qualify
5.	a. Is Volunteer a US citizen or eligible for unrestricted employment in the US?		If EITHER a. or b. are Yes, continue.
	b. Is the volunteer performing a service that no one is paid to do?		
6.	Is the person authorizing the volunteer services and/or supervising the volunteer a family member or co-habitant of the volunteer?		If yes, stop here. Individual does not qualify

IF YOUR POTENTIAL VOLUNTEER MEETS THE MINIMUM QUALIFICATIONS ABOVE, PLEASE CONTINUE THIS CHECKLIST TO DETERMINE IF ADDITIONAL REVIEW AND/OR APPROVAL ARE NEEDED FROM RISK MANAGEMENT:

CHECK “NO” OR “YES” BELOW. If there are “YES” responses, you must forward this checklist to Risk Management for review and approval prior to committing the individual to volunteer service.

1.	Is Volunteer under the age of 18?	No	Yes	Written permission must be received from Risk Management and from a parent or legal guardian. Contact Risk Management to obtain this form.	
2.	Volunteers may not transport groups, students, minors, or non-UA affiliated persons on UA business or UA sponsored events and activities. Exceptions may be granted by Risk Management. Attach request and explanation.				
3.	Is volunteer service taking place outside the state of Alaska?	No	Yes	Contact Risk Management with details to include current residence of potential volunteer.	
4.	Will Volunteer receive any compensation?	No	Yes	Contact Risk Management. Compensation requires HR approval, signed volunteer agreement, necessary withholding forms, and SSN.	
				Description:	Amount:
				Expenses (itemize):	
				Benefits (describe):	
				Nominal Fee (describe):	
				TOTAL	
What would UA otherwise pay to hire someone to provide the same services? Position title: _____ Hourly rate: _____					
5.	Will Volunteer be in contact with minors (e.g. coaches, recreational assistant, student services, etc.)?	No	Yes	May be subject to a criminal background check. Contact Risk Management with details.	

WRITTEN VOLUNTEER AGREEMENTS REQUIRE APPROVAL OF RISK MANAGEMENT AND HUMAN RESOURCES. EXCEPT AS APPROVED BY RISK MANAGEMENT AND HUMAN RESOURCES, WRITTEN VOLUNTEER AGREEMENTS ARE PROHIBITED.

For helpful information on volunteering for UA, refer your volunteers to the [“INFORMATION FOR VOLUNTEERS”](#) document.

I have read the “Guidelines For Departments Using Volunteer Services” and approve the volunteer services described above.

DEPARTMENT APPROVAL: Dean/Director Signature PRINT NAME Date

RISK MANAGEMENT APPROVAL: Director/Designee Signature PRINT NAME Date

HUMAN RESOURCE DEPT APPROVAL: Director/Designee Signature PRINT NAME Date

RECORD RETENTION: Please keep a copy of this form in your department for one year AFTER volunteer service has been completed.