

## Volunteer Checklist

A volunteer is an individual who will be working on UTHSC campus. Volunteers are non-paid employees and are hired by the department. Below are the required documents that Human Resources will need for final payroll entry. **This checklist must be included when documents are being submitted to HR.**

The following items must be sent to Anesha Jones ([ajone248@uthsc.edu](mailto:ajone248@uthsc.edu)) in Human Resources via UT Vault as one submission. **HR does not accept piece mail or incomplete documents.**

- Fair Credit Reporting Act Disclosure (Background Check Form)
  - If they are a UT Student and will not be getting paid, HR does not need to complete a background check due to it was completed by the college
- Health Insurance Waiver
- Occupational Risk Assessment
- Personal Data Form
- Acknowledgment and Agreement Regarding Inventions and Creations
- Confidentiality Agreement

If you have questions, please contact **Anesha Jones** at 901-448-2574 or [ajone248@uthsc.edu](mailto:ajone248@uthsc.edu).

**FAIR CREDIT REPORTING ACT DISCLOSURE  
AND AUTHORIZATION TO RELEASE INFORMATION**

**Choose from the following categories:**

<input type="checkbox"/> CDD	<input type="checkbox"/> Non-UT Student
<input type="checkbox"/> Kaplan	<input type="checkbox"/> Post-Doctoral
<input type="checkbox"/> New Hire (Faculty/Staff)	<input type="checkbox"/> Visiting Scholar
<input type="checkbox"/> Temp Pool	<input type="checkbox"/> Volunteer

Department: \_\_\_\_\_

Cost Center/WBS#: \_\_\_\_\_

**Department Contact Person**

Name: \_\_\_\_\_

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

Email: \_\_\_\_\_

**DISCLOSURE**

In connection with your application for employment at the University of Tennessee, the University may verify information within the application or other materials relating to your application for employment. As part of that verification process, the University will request, from a background check vendor, an investigative consumer report (“Background Check Report”) on you as defined in the Fair Credit Reporting Act.

For University purposes, a Background Check Report will consist of a criminal background check, employment verification, education verification, reference check, public records check, driving records check, and professional license check. It will not include a credit check, although information that pertains to your credit may be contained among public records (*i.e.*, bankruptcy filings). The information obtained in the Background Check Report will be utilized only during the initial employment application process. In the event that information from the report is utilized in whole or in part in making an adverse decision, before making the adverse decision, we will provide to you a copy of the Background Check Report and a description in writing of your rights under the Fair Credit Reporting Act, 15 U.S.C. § 1681 *et seq.*

**AUTHORIZATION**

By my signature below, I expressly authorize and instruct the background check vendor to perform and release to the University a Background Check Report on me at the request of the University in conjunction with my job application. I understand that, to the extent allowed by law, information contained in my job application or otherwise disclosed by me, if any, may be used for the purpose of conducting a background check.

By my signature below, I also authorize the disclosure to the University and/or to the background check vendor of information concerning my employment history, earning history, education, motor vehicle history and standing, criminal history, and all other publicly available information the University deems pertinent by any individual, corporation or other private or public entity, including without limitation the following: employers; learning institutions, including colleges and universities; law enforcement agencies; federal, state and local courts; the military; motor vehicle records agencies; and other public sources. I hereby release and hold the background check vendor and the University, its officers, directors, employees, and trustees harmless from any and all liability with respect to the Background Check Report, investigations, verifications, and/or the use of any information relevant to my employment.

By my signature below, I acknowledge that this Authorization Form, in original, faxed, photocopied or electronic form, will be valid for any reports that may be requested by the University of Tennessee.

Print Name: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE PRINT THE FOLLOWING INFORMATION.**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Other Names Used (alias, maiden, nickname): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State Issued: \_\_\_\_\_

Current Resident Address: \_\_\_\_\_  
(Street Number & Name) (City) (State) (Zip Code)

**NOTE: International Employees please include your Foreign Address also:**

\_\_\_\_\_

List Resident Address in Past Seven Years (attach additional sheets if necessary)

_____	_____	_____	_____	_____
(Date From – To)	(Street Number & Name)	(City)	(State)	(Zip Code)
_____	_____	_____	_____	_____
(Date From – To)	(Street Number & Name)	(City)	(State)	(Zip Code)
_____	_____	_____	_____	_____
(Date From – To)	(Street Number & Name)	(City)	(State)	(Zip Code)

**School Information (Highest Degree Earned):** N/A

School: \_\_\_\_\_ City/State: \_\_\_\_\_

Degree: \_\_\_\_\_ Degree Status: \_\_\_\_\_

Dates Attended: \_\_\_\_\_  
(Start Month/Year) (End Month/Year)

**For International Employees:**

Father's Full Name: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

Government ID Number: \_\_\_\_\_

Passport Number: \_\_\_\_\_

**ADDITIONAL STATE LAW NOTICES****For Maine Applicants Only**

Upon request, you will be informed whether or not an investigative consumer report was requested, and if such a report was requested, the name and address of the consumer reporting agency furnishing the report. You may request and receive from us, within 5 business days of our receipt of your request, the name, address and telephone number of the nearest unit designated to handle inquiries for the consumer reporting agency issuing an investigative consumer report concerning you. You also have the right, under Maine law, to request and promptly receive from all such agencies copies of any reports.

**For New York Applicants Only**

You have the right, upon written request, to be informed of whether or not a consumer report was requested. If a consumer report is requested, you will be provided with the name and address of the consumer reporting agency furnishing the report.

**For California Applicants Only**

You may view the file maintained on you by TrueScreen during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services, by appearing at TrueScreen's offices in person, during normal business hours and on reasonable notice, or by mail; you may also receive a summary of the file by telephone. TrueScreen has trained personnel available to explain your file to you, including any coded information. If you appear in person, you must be accompanied by one other person, provided that person furnishes proper identification.

**For Minnesota, Oklahoma and California Applicants Only:** In connection with your application for employment, your investigative consumer report may be obtained and reviewed. Under California, Minnesota and Oklahoma law, you have a right to a free copy of your investigative consumer report by checking the appropriate box below.

- YES, I am a California resident and would like a free copy of my investigative consumer report.
- YES, I am a Minnesota resident and would like a free copy of my consumer report.
- YES, I am an Oklahoma resident and would like a free copy of my consumer report.

# Health Insurance Waiver

Please complete and return to the Office of Human Resources:

Non-UT Student

Friend

Volunteer

I certify that I am covered by a health insurance policy that includes coverage for medical care and transport. I will not hold the University of Tennessee, The Health Science Center or any employee of the University of Tennessee responsible for payment of any bill related to medical treatment, care, or services. This waiver is subject to any right to recovery independently existing under the Tennessee Claims Commission Act.

I will not hold any faculty member, instructor, staff member, department or the University of Tennessee Health Science Center liable should I become injured while engaging in volunteer activities at or affiliated with the University of Tennessee, The Health Science Center

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

## NOTARY SEAL

SWORN TO AND SUBSCRIBED before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires:  
\_\_\_\_\_

UT Health Science Center

**Occupational Risk Assessment**

Human Resources Department  
910 Madison Avenue, Ste. WP012, Memphis, TN 38163  
Phone: (901) 448-5600 Fax: (901) 448-5170  
Email: hr@uthsc.edu

**Check One**

- Employee       Student       Volunteer       Visiting Scholar
- Non-UT Employee/Student       Friend

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

State/Province: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Daytime Contact Number: \_\_\_\_\_

Position Title: \_\_\_\_\_ Hire Date: \_\_\_\_\_

Supervisor/Principal Investigator: \_\_\_\_\_

**Check All That Apply**

The above employee will work or live in the following.

- Clinical Setting       Dormitory
- Laboratory       Animal Lab

**Work Hours**

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_

Thursday \_\_\_\_\_ Friday \_\_\_\_\_ Saturday \_\_\_\_\_

Sunday \_\_\_\_\_

**Please return this complete form to the Human Resources Office.**

**THE UNIVERSITY OF TENNESSEE  
PERSONAL DATA FORM**

EFFECTIVE DATE \_\_\_\_\_

New  Update

**PERSONAL DATA (IT0002)**

Personnel # \_\_\_\_\_ (Personnel # required on all changes/separations)  
Form of Address:  Mr.  Mrs.  Miss  Ms.  Dr.  
Last Name \_\_\_\_\_  
First Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
Known as \_\_\_\_\_ Soc. Security # \_\_\_\_\_  
Birth date \_\_\_\_\_ (mm/dd/yyyy) Gender  Male  Female  
Nationality \_\_\_\_\_ Marital Status  Single  Married  
 Name Change Previous Name \_\_\_\_\_

**PERMANENT RESIDENCE (IT0006-Subtype 1)**

C/O \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
*Please include Area Code* *Please include Area Code*  
Phone Release  Complete Information  No Address  No Phone/Address  
 No Phone Number  No Public Listing

**OFFICE ADDRESS (IT0006-Subtype 3)**

Building Name \_\_\_\_\_ Building No. \_\_\_\_\_  
Street Address \_\_\_\_\_ Room No. \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Mail Stop \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
*Please include Area Code* *Please include Area Code*  
Phone Release  Complete Information  No Address  No Phone/Address  
 No Phone Number  No Public Listing

**EMERGENCY CONTACT (IT0006-Subtype 4)**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ (Please include Area Code)

**RESIDENCE STATUS (I-9) (IT0094)**

U.S. Citizen  
 Permanent Resident  
 Non-resident Alien  
I-9 Date \_\_\_\_\_

**IMMIGRATION STATUS (IT0048) Supporting Documentation Required**

Country of Citizenship \_\_\_\_\_  
Visa Type \_\_\_\_\_  
Visa Expires \_\_\_\_\_  
Original Date of Arrival to United States \_\_\_\_\_

EMPLOYEE NAME \_\_\_\_\_ 0 \_\_\_\_\_ 0 \_\_\_\_\_ 0

PERSONNEL NUMBER \_\_\_\_\_ 0 \_\_\_\_\_

**ADDITIONAL PERSONAL DATA (IT0077)**

**Ethnicity** (check one of these options)  Hispanic/Latino  Not Hispanic/Latino

**Race Category** (Check all that apply. NOTE: More than one box may be checked.)

American Indian or Alaskan Native  Asian  Black or African American  
 Native Hawaiian or Other Pacific Islander  White

**Veteran Status** (Check all that apply. NOTE: If a Recently Separated Vet, the discharge date is required.)

Special Disabled Veteran  Vietnam Era Veteran  Other Protected Veteran  
 Recently Separated Vet  Armed Forces Service Medal Veteran  Disabled Veteran  
 Non-veteran Discharge Date \_\_\_\_\_ (Required for Recently Separated Vet)

Currently receiving retirement benefits from the State of Tennessee or from a federal retirement plan?

Yes  No If yes, what agency? \_\_\_\_\_

Retired from UT?  Yes  No

If yes, list department, address, and date(s) of employment.  
\_\_\_\_\_

Ever employed by UT, the State of Tennessee, or by a Federal Agency before?  Yes  No

If yes, complete below:

Agency or Department	Full-time Part-time	Address	Dates	Employed under a different name

**EDUCATION (IT0022)**

Educational Level  Field of Study \_\_\_\_\_

Name/Location of Institution \_\_\_\_\_ State \_\_\_\_\_

Type of Degree or Certificate \_\_\_\_\_ Year Degree Granted \_\_\_\_\_

**EDUCATION (IT0022)** (additional degrees, if any)

Educational Level  Field of Study \_\_\_\_\_

Name/Location of Institution \_\_\_\_\_ State \_\_\_\_\_

Type of Degree or Certificate \_\_\_\_\_ Year Degree Granted \_\_\_\_\_

**EDUCATION (IT0022)** (additional degrees, if any)

Educational Level  Field of Study \_\_\_\_\_

Name/Location of Institution \_\_\_\_\_ State \_\_\_\_\_

Type of Degree or Certificate \_\_\_\_\_ Year Degree Granted \_\_\_\_\_

**Employee Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



## **Acknowledgment and Agreement Regarding Inventions and Creations**

I acknowledge and agree that The University of Tennessee's (the "University's") Statement of Policy on Patents, Copyrights, and Other Intellectual Property (Board Policy \_\_\_\_\_), is part of the conditions of my employment as an employee of the University, and I agree to comply with its provisions. I also acknowledge that the University is obligated to comply with research sponsor requirements, including the Bayh-Dole Act (35 U.S.C. §§ 200-212) and its implementing federal regulations (37 C.F.R. Part 401).

As used below, "Inventions and Creations" means (1) any and all inventions, creations, and other intellectual property in which the University has ownership rights under the terms of Board Policy \_\_\_\_\_, and (2) any and all "subject inventions" as defined by the Bayh-Dole Act (35 U.S.C. § 202(e)).

I hereby agree to disclose promptly to the University in writing all Inventions and Creations in accordance with procedures established by the University.

I hereby assign and transfer, and agree to assign and transfer, to the University ownership, including all of my right, title, and interest, in and to all Inventions and Creations.

I hereby agree that I will not attempt to assign or otherwise transfer any right, title, or interest in any Inventions and Creations to any other person or entity without the written permission of the University.

I hereby agree to execute all appropriate documents and otherwise do all things necessary and proper to effectuate the intent of this Acknowledgement and Agreement, including providing assistance (without out-of-pocket expenses to me) for the University or its assignee (including the University of Tennessee Research Foundation ("UTRF")) to file, prosecute, defend and enforce patent applications and issued patents on Inventions and to register, defend and enforce copyright on any Creations. If the University is unable to secure my signature as necessary to do these things (for example, if I cannot be located), I appoint the University or its assignee as my agent and attorney in fact to sign my name for those purposes.

In addition to the compensation I receive as an employee of the University, I am entitled to share in any income, under the terms of the applicable UTRF Revenue Sharing Policy, that may accrue as a result of the commercialization of any Invention or Creation covered by this Acknowledgement and Agreement.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Employee Number: \_\_\_\_\_

University of Tennessee Health Science Center  
Confidentiality Agreement

Each faculty member, staff member, other employee, and student of the University of Tennessee Health Science Center who is afforded access to confidential, protected health information in medical or dental records, billing records, research records or in other forms which is considered individually identifiable, agrees to abide by the following terms:

1. Patient care information, whether written, oral, or in electronic computer system form is confidential and may be accessed only by employees or authorized contracted personnel who need that information to perform their job or contractual responsibilities. Only authorized personnel may release patient care information to individuals outside the health system.
2. I understand that this information belongs to the patient; I am only the caretaker. I must guard the documentation appropriately to prevent conversation being overheard by people without a right to know the information. This includes, but is not limited to the following:
  - a. Keeping patient information secure, private, and out of public viewing
  - b. Protecting computerized data by logging off when leaving a work station
  - c. Keeping information secure by not discussing patient specific issues in public areas such as elevators or anywhere outside the workplace.
3. I agree that personnel may only access information necessary to perform their job responsibilities. I agree not to disclose, communicate, or use any patient information in any manner whatsoever other than within the course of my job responsibilities. Even within those responsibilities, I will limit the dissemination of information to those persons who have a need to know.
4. I agree to dispose of copies of reports and other confidential information by shredding them when the final reports have been proofread and signed. I also agree to safeguard tapes and other recording media on which confidential information has been recorded.
5. I understand that the confidentiality of information survives the termination of my relationship with the University of Tennessee.
6. I understand that if I do not keep this information confidential, or if I allow or participate in the inappropriate dissemination of (or access to) personal patient information, I will be subject to disciplinary action according to the University Code of Conduct and other University policies in addition to facing the possibility of litigation and monetary sanctions.
7. I understand that criminal offenses regarding disclosure of protected patient information will be reported to the proper authorities.
8. I agree to comply with all state and federal laws applicable to the use of confidential patient information including the Privacy Act of 1974, the Health Insurance Portability and Accountability Act of 1996 (HIPPA), the Patient Privacy Protection Act and the Tennessee Medical Record Act, the Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009, and the Family Educational Rights and privacy Act (FERPA) of 1974.

My signature attests to the fact that I have read, understand and agree to abide by the terms of this statement and to the University of Tennessee's policies on confidentiality of patient care information as well as the policies on confidentiality of payroll, personnel, student, and financial records.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Department Name \_\_\_\_\_

Date \_\_\_\_\_