Person of Interest Request Form

Volunteers and Visitors of the Department of Psychology & Neuroscience

Thank you for your support of the Department of Psychology and Neuroscience. Please complete the following steps to join us as a volunteer or visitor:

a) Provide all requested information on the POI worksheet (Page 2)
b) Fill in the Authorized Volunteer Agreement, Notice of Risk and Waiver of Responsibility (Page 3). **Signatures are required. The volunteer signs as the Authorized Volunteer and the Principal Investigator signs as the Approved By Name/Department representative before submitting the forms.**
c) Background check--a background check may be necessary depending upon the type of your volunteer work. If a check is deemed necessary, you will receive an email from “HireRight”, please complete the requested information and submit it. “HireRight” is the company that processes the University’s background checks. The message does not specifically reference the University of Colorado Boulder and could also appear to be SPAM. The background check will take a few days to process once you have responded to the email message. If asked to complete a background check, you must pass prior to beginning any work.
d) Your ID# will be provided after the background check is finalized.
e) **Please Print** – Must be legible or form will be returned

Please direct questions and submit forms to:
Olga Platitsyna
Business Office, MUEN, Room E213C
Tel: 303-735-0163
Email: Olga.Platitsyna@colorado.edu

The Fair Labor Standards Act of 1983, as amended, prohibits institutions from accepting voluntary service from any employee without prior agreement between employer and employee. Moreover, voluntary activity may not be the same as the job for which the employee has been paid.
Add a Person (POI) Worksheet
Volunteers and Visitors of the Department of Psychology & Neuroscience

Submit pages 2 & 3 to the Business Office

Biographical Details
(Name as seen on Social Security Card, no nicknames)

First Name: ___________________________ Middle Name: __________________
Last Name: ___________________________ Date of Birth: __________________
Gender: Male ____ Female____ Social Security Number: ________________

Organizational Relationship-Select One

Affiliate: Visiting Scholar: Volunteer: Security Access:

Contact Information

Local mailing address: ____________________________________________
City, State, Zip: ________________________________________________
Phone number Cell: ___________ Home: ____________________________
Primary Email Address: _________________________________________

Volunteer/Visitor Relationship

Name of Clinic/Lab: ______________________________________________
Principal Investigator/Sponsor: _________________________________
Describe nature of volunteer’s work____________________________________
Lab Contact Person: ___________________________ Phone #: ___________
Lab Contact Email: ______________________________________________
Planned start date: ________________ Planned exit date: ____________

Business Office Use Only: Rec’d: ________ ID#: ___________ BGC: ___________
The University of Colorado welcomes you as an authorized volunteer in this activity. Please read through the following important information.

The Colorado Workers’ Compensation Act (C.R.S. § 8-40-202) provides that a volunteer is not an employee for workers’ compensation purposes. Therefore, as a volunteer, you are not an employee or agent of the University of Colorado for workers’ compensation purposes. You are not entitled to receive workers compensation benefits or any other benefits of employment from the University of Colorado, including, but not limited to, health care, vacation, or sick time. In the event of an injury requiring medical care, you or your personal health insurance will be responsible for payment of all medical care.

Separate and apart from workers’ compensation, pursuant to the Colorado Governmental Immunity Act (C.R.S. § 24-10-103(4)(a)), an authorized volunteer is defined by as a "Public Employee" for governmental immunity purposes only.

Use of a privately owned vehicle, including the operation or as a passenger, may be an option while participating in the volunteer activity. The University of Colorado does not provide liability or physical damage insurance coverage on privately owned vehicles. The vehicle owner must provide the liability and physical damage insurance coverage for privately owned vehicle.

In the event of an emergency, I grant the University of Colorado permission to authorize emergency medical care and treatment for, (minor volunteer) for the duration of his/her participation in this designated activity.

I exercise my own free choice to participate in the designated activity. I understand and assume all associated risks. These risks include, but are not limited to (add risks specific to event here):

I agree to assume all risk of personal injury or loss, bodily injury (including death), damage to or loss of, or destruction of personal property, resulting from or arising out of participation in the designated volunteer activity. I also release, waive, indemnify, hold harmless, and discharge the University of Colorado from all claims, damages, and injuries arising out of my volunteer activities.

I hereby certify that I have read and understand the provisions above. For volunteers under 18 years of age, the parent or guardian accepts the above terms and grants permissions for the student’s participation on behalf of said minor, as permitted by C.R.S. § 13-22-107.