



Person of Interest (POI) Request

Volunteers and Visitors to the Department of Geological Sciences:

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

- 1) Provide all requested information on the POI worksheet (Page 2)
- 2) Fill out the University Notice of Risk and Waiver of Responsibility Agreement (Page 3)
- 3) Fill out the University Volunteer Confidential Disclosure Agreement (Page 4)

*****Signatures are required. The volunteer signs as the “Volunteer” and the Principal Investigator signs as the “Approved By” before submitting form.**

4) POI’s needing system access will be entered in the HCM system. Your ID number will be provided once this is completed.

5) Background check--a background check may be necessary for some volunteer jobs. If required, you will receive an email from “HireRight”, the University Company that processes background checks. Please complete the requested information and submit it. The message does not specifically reference the University of Colorado Boulder and could also appear as SPAM mail. The background check will take a few days to process after responding to the email message. The background check, if required, must be completed prior to beginning any work.

6) Fill out form electronically and submit by email.

Please direct questions and submit form to your Front Office Professional:

Ruth Mansbach

ruth.mansbach@colorado.edu

303-492-2330

As a volunteer you are not an employee or contractor as determined by FLSA 29 CFR §553.103 and will not be compensated monetarily for your volunteerism. There is no expected work product. You are not eligible to receive workers’ compensation, but general liability insurance is provided during the period for which you are acting in the capacity of an authorized volunteer.

POI Worksheet

Volunteers and Visitors of Geological Sciences

Submit pages 2, 3 & 4 to the Front Office

Volunteer Information

First Name: _____ Middle Name: _____
Last Name: _____ Date of Birth: _____
Social Security Number: _____ Gender: M F
CU Student: Y N Have you ever worked for CU: Y N If yes, emp ID# _____

Organizational Relationship

Affiliate Visiting Scholar Volunteer

Does this person need system access: Y N

If yes, what type(s)*: _____

*citi training, identikey, email, VPN, etc.

Contact Information

Street Address: _____

City, State, Zip: _____

Mobile Phone: _____

Home Phone: _____

Email Address: _____

POI Relationship

Name of Clinic/Lab: _____

Principal Investigator/Sponsor: _____

Nature of Volunteer's Work:

Lab Contact: _____

Phone Number: _____

Lab Contact Email: _____

Planned Start Date: _____

Planned Exit Date: _____

Front Office Use Only

BGC Date: _____

POI ID#: _____

Date Entered: _____

University of Colorado Notice of Risk and Waiver of Responsibility Agreement

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. If I am a current University of Colorado (CU) employee, I certify that this volunteer activity is not the same or similar to my duties as a CU employee.

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:

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.

Volunteer Signature: _____ Date: _____

Parent or Guardian Signature (if minor): _____ Date: _____

Approved By Signature: _____ Date: _____

Approved By Printed Name: _____

University of Colorado Volunteer Confidential Disclosure Agreement

I understand that my access to the University of Colorado facilities may be limited in the sole discretion of the Department of Geological Sciences personnel.

In the course of this volunteer experience, I understand I may have access to certain data and information that is considered confidential, including, but not limited to, information about the Department of Geological Sciences and University of Colorado activities, patients, personnel, students, and financial or business practices.

I agree that any and all data and information that I may receive or otherwise discover while volunteering is considered "confidential information". I agree that I will not disclose or discuss any confidential information with any third parties while I am volunteering or at any time after my experience is completed. I agree that I will keep such data and information confidential and will comply with all laws and regulations concerning the confidentiality of such records to the same extent as such laws and regulations apply to the University of Colorado, including but not limited to applicable provisions of the Administrative Simplification section of the Health Insurance Portability and Accountability Act of 1996, as codified at 42 U.S.C. § 1320d through d-8 ("HIPAA") and the requirements of any regulations promulgated thereunder including without limitation the federal privacy standards as contained in 45 C.F.R. Parts 160 and 164 (the "Federal Privacy Standards") and the federal security standards as contained in 45 C.F.R. Parts 160, 162 and 164 (the "Federal Security Standards"). I further agree that after my volunteer activity is completed, I will return to the Department of Geological Sciences any and all documents and copies that I have in my possession that contain Confidential Information. I hereby certify that I have read and understand the provisions above.

Volunteer Signature: _____ Date: _____