

Zero Pay/Volunteer Form

Use for establishing volunteer affiliates of the College

Requester: _____ **Department:** _____
 (please print)

1. Use to establish Academic Courtesy Appointments, Administrative Courtesy Appointments, Volunteers, Affiliates, Contractors or any other person with a legitimate reason to be on the campus, who is not an employee or authorized agent of the College.
2. May be eligible for e-mail, College of Charleston ID card, library privileges, etc. depending on the nature of the affiliation.
3. Must complete personal data sheet and authorization for a background check attached. Must pass background check prior to affiliation being authorized.
4. Email and Domain accounts will terminate on the end listed date unless renewed in advance of that date.

Name:	CWID (if known):
Sponsor:	
Sponsor's Email:	
Affiliate Type: BOT Academic Courtesy Administrative Courtesy Volunteer Misc. Contractor (specify): _____ Campus Contractor (specify): _____	Resources Required: Email Campus ID Card Library Privileges Computer Domain Account Other (describe): _____
If associated with or paid by another agency, provide agency name: _____	Dates of Association: (One academic year assumed unless alternative end date provided) START: _____ END: _____

Approvals:

Dept. Head: _____	Date: _____
VP/Dean: _____	Date: _____
HR: _____	Date: _____

THE LANGUAGE USED IN THIS DOCUMENT DOES NOT CREATE AN EMPLOYMENT CONTRACT BETWEEN THE AFFILIATE AND THE AGENCY. THE AGENCY RESERVES THE RIGHT TO REVISE THE CONTENTS OF THIS DOCUMENT IN WHOLE OR IN PART AND REVOKE THE AFFILIATION AT ANY TIME WITHOUT PRIOR NOTICE.

HR Received: _____	Processed by: _____
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First Name Middle Name Last Name

Preferred First Name Professional Last Name (non-students) (Home) E-Mail Address

Street Address Birth Date (Month/Day/Year)

City State Zip Code Home Phone

Marital Status

Gender

____ Married

____ Male

____ Single

____ Female

Social Security # (9 digits)

Cell Phone

Are you a US Citizen? ____ Y ____ N

Authorized to work in US? ____ Y ____ N

Receive Text Alerts? ____ Y ____ N

Race

Regardless of your answer to ethnicity question, please check one or more races to indicate what you consider yourself to be

____ White

____ Asian

____ Black/African

____ American

American

Indian

____ Alaska Native

____ Native

Hawaiian

____ Pacific Islander

Highest Level of Education

____ Less than HS – Grade ____

____ Completed Grade 11 (11)

____ High School Graduate (12)

____ High School Equivalency (13)

____ Completed 1 Yr College (14)

____ Completed 2 Yrs College (15)

____ Completed 3 Yrs College (16)

____ Associates degree (17)

____ Bachelor's Degree (18)

____ Completed 1 Yr Post-Graduate (19)

____ Completed 2 Yrs Post-Graduate (20)

____ Completed 3 Yrs Post-Graduate (21)

____ Master's (22)

____ Doctorate (26)

____ Juris Doctorate (27)

____ Medical Doctorate (28)

Are You Hispanic/Latino? ____ Y ____ N

In the event of an emergency involving you, please list information below of an appropriate individual whom we may contact.

First Name Last Name Relationship

Street Address Contact Phone

City State Zip Code

Confidentiality Statement:

As an affiliate of the College of Charleston, I understand that all information contained in records and/or files otherwise known by virtue of my association with the College is presumed confidential. Unauthorized release or removal of such information whether to parties internal or external to the College/University is strictly prohibited. I affirm, agree and/or understand that all statements on this form are true and accurate.

Signature Date