



VOLUNTEER REGISTRATION FORM

This portion of the form is to be completed by the Volunteer: (Please print)

VOLUNTEER'S NAME: _____

CELL #()

MAILING ADDRESS: _____ HOME #() _____

LIABILITY COVERAGE: Volunteers are persons doing State of Arizona work / activities under the direction and control of a State authorized official and are not being paid.

Liability coverage is extended to volunteers acting at the direction of a State official and within the course and scope of their State authorized activities. Volunteers of the State are provided the same liability protection afforded employees. Thus, volunteers acting within the course and scope of their State authorized activities may be covered for their liability exposure as authorized volunteers of the State.

WORKERS' COMPENSATION IS NOT COVERED: Volunteers are NOT covered by the State's workers' compensation plan if injured while participating in this program (except for volunteers covered pursuant to A.R.S. 23-901). Volunteers are strongly encouraged to obtain their own medical insurance before participating in this program. When there is no other insurance in place, Risk Management has a purchased volunteer accident medical and AD&D program. Claim forms can be obtained from the Risk Management web site at "www.azrisk.state.az.us".

Do you have health insurance? Yes ___ No ___ If yes, please provide the following information:

Name of Medical Insurance Carrier: _____

Policy # _____

I have carefully read the above information and understand its contents. The above information provided by me is accurate.

VOLUNTEER'S SIGNATURE DATE

This portion of the form is to be completed by the Supervisor: (Please print)

SUPERVISOR'S NAME	TITLE	TELEPHONE #
DEPARTMENT	DUTIES OF VOLUNTEER	BEGIN / END DATE

VEHICLE INFORMATION

YES NO

Will the volunteer be driving a State owned or rented vehicle or an 8- to 15-passenger van?		
Does the volunteer have a valid driver's license?		
Have you checked the volunteers Motor Vehicle Record?		
If yes, has the volunteer successfully completed the mandatory 15 passenger van training course and been certified?		
Expiration Date of Certification Card: _____		
Does the volunteer have previous experience driving a 15-passenger van?		
IF YES, DESCRIBE: _____		

SUPERVISOR'S SIGNATURE DATE