



Thank you for your support of the Department of Psychology and Neuroscience. In order to complete the process of joining us as a volunteer or visitor, please complete the following steps:

- a) Complete the POI worksheet (on page two)
- b) Complete the Authorized Volunteer Agreement, Notice of Risk and Waiver of Responsibility (on page three) – requires two signatures.
- c) Pass a background check. A background check is required for your volunteer appointment. When you 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 at 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.

Please direct questions and submit forms to:

Ellena Andrus  
Business Office, MUEN, Room E213C  
Tel: 303-735-0163  
Email: [Ellena.Andrus@Colorado.EDU](mailto:Ellena.Andrus@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.

For your convenience, this PDF contains both forms. Please continue to the next page for the POI worksheet.



## Add a Person (POI) Worksheet

Volunteers and Visitors of the Department of Psychology & Neuroscience:

**Please complete all the requested information (must be legible) below before submitting form to the Business Office.**

### **Biographical Details**

**(Name as seen on Social Security Card)**

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

Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Social Security Number: \_\_\_\_\_

### **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: \_\_\_\_\_

Lab Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

Planned start date: \_\_\_\_\_

Planned exit date: \_\_\_\_\_



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UNIVERSITY RISK MANAGEMENT

### Authorized Volunteer Agreement, Notice of Risk and Waiver of Responsibility

Volunteer Activity \_\_\_\_\_

Volunteer Dates \_\_\_\_\_

Volunteer Name \_\_\_\_\_

Parent/Guardian Name (if minor volunteer) \_\_\_\_\_

Emergency Contact Phone Numbers \_\_\_\_\_

Volunteer's Medical Provider \_\_\_\_\_

Policy Number \_\_\_\_\_

**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):**

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**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.**

\_\_\_\_\_  
Authorized Volunteer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian for Minor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approved By Name/Department

\_\_\_\_\_  
Date