



Eastern Kentucky University Volunteer Eligibility Questionnaire

The Volunteer Eligibility Questionnaire is to be used with the "Volunteer Program Guidelines." Departments overseeing volunteers are responsible for reading, understanding, and implementing the guidelines. Departmental signature and approval of this checklist mean the signees have correctly navigated the various issues and implemented the guidance in the guidelines document.

Department Information	
Department:	Date Submitted:
Supervisor Name:	Supervisor Title:
Supervisor Phone:	Supervisor Email:
Volunteer Information	EKU ID Number:
Volunteer Name (First, Middle, Last):	
Address (Street, City, State, Zip):	SSN:
	Email Address:
	Date of Birth:
	Phone Number:
Emergency Contact Name:	Emergency Contact Phone Number:
Anticipated Start and End Dates:	Anticipated Hours per Week:
Please include or attach a description in the space below of specific tasks and duties to be assigned to the volunteer.	

VOLUNTEER QUALIFICATIONS:		Yes		No	
1	Is the Volunteer performing duties substantially similar to a current employee?		If yes, STOP. HR approval is required.		If no, continue
2	Is the Volunteer receiving class credit?		If yes, STOP and contact the student's advisor.		If no, continue
3	Is the Volunteer currently employed by EKU?		If yes, STOP. HR approval is required.		If no, continue
4	Is the volunteer applicant at least 18 years of age?		If yes, continue		If no, STOP here. Use Under 18 Volunteer
5	Is the volunteer applicant volunteering their services freely and without coercion from anyone at EKU?		If yes, continue		If no, STOP here. Individual does not qualify
6	Are the duties/services to be performed by the volunteer applicant previously performed by an employee in this department?		If yes, STOP here. Individual does not qualify		If no, continue
7	Will the volunteer work under the direct supervision of, and be given the means and direction for the performance of work, by an EKU employee?		If yes, continue		If no, STOP here. Individual does not qualify
8	Will the volunteer perform work where there is a legitimate need for services?		If yes, continue		If no, STOP here. Individual does not qualify
9	Is the work related to the business or operations of EKU?		If yes, continue		If no, STOP here. Individual does not qualify
10	Does the volunteer have the skills necessary to perform the work?		If yes, continue		If no, STOP here. Individual does not qualify
11	Is the volunteer a US citizen or eligible for unrestricted employment in the US?		If yes, continue		If no, STOP here. Individual does not qualify
12	Is the volunteer applicant willing to perform the services free of charge?		If yes, continue		If no, STOP here. Individual does not qualify
13	Does the volunteer expect payment? <ul style="list-style-type: none"> In certain circumstances, receiving some form of payment does not disqualify an individual from being considered a volunteer. 		If yes, STOP here. Contact HR.		If no, continue
14	Will the volunteer applicant serve as a coach for an NCAA D1 affiliated team? <ul style="list-style-type: none"> If yes, please note that per NCAA regulation 11.01.6: The individual is prohibited from contacting and evaluating prospective student-athletes off campus or from scouting opponents off campus and may not perform recruiting coordination functions 		If yes, read the note below the question and continue to signature.		If no, continue to signature.

Volunteer Approval & Consent

I authorize Eastern Kentucky University to conduct a state and federal criminal background check, which will include but not be limited to my records as a juvenile. I understand that convictions, guilty pleas, and “no contest” pleas that are reasonably related to my volunteer duties and responsibilities will be grounds for denial of my service as a volunteer. I agree to hold Eastern Kentucky harmless for all injuries and/or damages that I may incur as a result of Eastern Kentucky University conducting the reference and records checks described above. I understand and acknowledge there is no right to serve as a volunteer at EKU, and that volunteer service at EKU may be terminated at any time and for any reason, with or without notice.

Volunteer/Legal Guardian Signature

Print Name

Date

Department Review & Approval

I have completed the questionnaire for the volunteer services requested and agree to abide by the terms of EKU's Volunteer Guidelines.

Department Representative Signature

Print Name

Date

Human Resources Representative Signature

Print Name

Date