VOLUNTEER REGISTRATION FORM

UNDER 18 YEARS OLD



Page 1 of this form is to be completed by the volunteer’s parent or guardian: (Please print)

VOLUNTEER NAME:

VOLUNTEER AGE:

PARENT / GUARDIAN:

MAILING ADDRESS:

VOLUNTEER PHONE:       PARENT / GUARDIAN PHONE:

**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. 23-901.06](http://www.azleg.state.az.us/FormatDocument.asp?inDoc=/ars/23/00901-06.htm&Title=23&DocType=ARS)). 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 by selecting [link](https://staterisk.az.gov/sites/default/files/documents/files/Volunteer%20AD%26D%20Form%2008-04-2015.pdf).

Does the volunteer have health insurance? Yes  No  If yes, please provide the following information:

Health Insurance Carrier:       Policy #:

I have carefully read and understand the information above. The information that I have provided on this form is correct.

**Parent / Guardian Signature Date**

State of Arizona )

)

County of )

Notary Public

(Seal) My commission expires

The Supervisor must complete this page



VOLUNTEER NAME:

VOLUNTEER AGE:

VOLUNTEER DUTIES:

START DATE:       END DATE:

STATE AGENCY:

DIVISION:

SUPERVISOR NAME:       PHONE:

SUPERVISOR TITLE:

**Supervisor Signature Date**

**Note: Volunteers under the age of 18 should not be allowed to operate a State owned or rented vehicle. If you would like to discuss a specific request regarding minors operating a vehicle, please contact State Risk Management at (602) 542-2175.**