



Have you ever been convicted and/or placed on probation for any criminal offense? (A yes answer will not necessarily disqualify you.) Yes\_\_\_\_ No\_\_\_\_

Provide two non-relative references who have known you for one year or more.

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_

Please read completely and sign below.

Volunteers are persons doing State of Arizona tasks/activities under the direction and control of a State authorized official and are not paid.

I give permission for photos or video of me to be used for publicity specific to the library's purposes without remuneration or compensation. Yes\_\_\_\_ No\_\_\_\_

I, the undersigned, understand that **liability coverage** is extended to volunteers acting at the direction of a State official and within the course and scope of 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.

I also understand that as a volunteer with the Arizona State Library, Archives, and Public Records, I am **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 coverage before participating in the program. When there is no other insurance in place Risk Management has purchased a volunteer accident medical and AD&D program. Claim forms can be obtained from the Risk Management web site at [www.azrisk.state.az.us](http://www.azrisk.state.az.us).

I hereby authorize the State Library, Archives, and Public Records to perform a Motor Vehicle Records inquiry if I drive a state vehicle, or drive my own vehicle on state business. I also agree to provide information concerning vehicle insurance coverage upon request.

I understand that the State Library agency holds copyright and all other intellectual property rights to any works created as part of my position as a volunteer, and anything received or created while doing business for the agency may be considered a public record and belongs to the state.

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

Volunteer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**For office use.**

Begin date for volunteer service. \_\_\_\_\_ End date for volunteer service. \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_