

Faculty Volunteer Checklist v.2026

A faculty volunteer is an unpaid individual hired by a college to work on the UTHSC campus. Individuals in this category are considered **affiliated and volunteer faculty** and must go through the contingent worker process. However, they are still required to complete the packet below for compliance purposes. Once the background check is complete and all paperwork has been submitted to HR (including the checklist), proceed with the contingent worker process in DASH.

Contingent workers will only receive a NetID and person number once entered into DASH. If email or other system access is needed, complete the [UT Health Science Center Sponsored NetID Request Form](#). Please note that sponsorship approvals may take 2-3 business days.

The following items below must be sent to mrabalai@uthsc.edu via UT Vault as one submission. **Colleges are allowed to send the FCRA forms alone to begin the background check process if the other documents are waiting for final approvals or signatures. If you are a faculty member completing this packet, please send it back to the college/department for final review, not to HR.**

Step 1: Send the FCRA form to hrbgchck@uthsc.edu

- Handwritten documents will no longer be accepted.

Step 2: Send documents below as one submission to mrabalai@uthsc.edu or can be sent with the FCRA Form.

- Personal Data Form
- Health Insurance Waiver Form-***must be notarized***
- Occupational Risk Assessment Form
- Acknowledgment and Agreement Regarding Inventions and Creations Form
- Confidentiality Agreement Form
- Faculty Appointment Letter and/or Agreement Form
- Offer Letter
- Identification Card Acknowledgment Form
- Disability Disclosure Form
- Authorization of Disclosure Form
- Other Supporting Documents

**FAIR CREDIT REPORTING ACT DISCLOSURE
AND AUTHORIZATION TO RELEASE INFORMATION**

Choose one from the following categories:

| |
|---------------------------------|
| Affiliated Volunteer (Non-Paid) |
| Volunteer Faculty(Non-Paid) |

Department: _____

DASH Account#: _____

Department Contact Person

Name: _____

Phone: _____

Email: _____

DISCLOSURE

In connection with your application for employment at the University of Tennessee, the University may verify information within the application or other materials relating to your application for employment. As part of that verification process, the University will request, from a background check vendor, an investigative consumer report (“Background Check Report”) on you as defined in the Fair Credit Reporting Act.

For University purposes, a Background Check Report will consist of a criminal background check, employment verification, education verification, reference check, public records check, driving records check, and professional license check. It will not include a credit check, although information that pertains to your credit may be contained among public records (*i.e.*, bankruptcy filings). The information obtained in the Background Check Report will be utilized only during the initial employment application process. In the event that information from the report is utilized in whole or in part in making an adverse decision, before making the adverse decision, we will provide to you a copy of the Background Check Report and a description in writing of your rights under the Fair Credit Reporting Act, 15 U.S.C. § 1681 *et seq.*

AUTHORIZATION

By my signature below, I expressly authorize and instruct the background check vendor to perform and release to the University a Background Check Report on me at the request of the University in conjunction with my job application. I understand that, to the extent allowed by law, information contained in my job application or otherwise disclosed by me, if any, may be used for the purpose of conducting a background check.

By my signature below, I also authorize the disclosure to the University and/or to the background check vendor of information concerning my employment history, earning history, education, motor vehicle history and standing, criminal history, and all other publicly available information the University deems pertinent by any individual, corporation or other private or public entity, including without limitation the following: employers; learning institutions, including colleges and universities; law enforcement agencies; federal, state and local courts; the military; motor vehicle records agencies; and other public sources. I hereby release and hold the background check vendor and the University, its officers, directors, employees, and trustees harmless from any and all liability with respect to the Background Check Report, investigations, verifications, and/or the use of any information relevant to my employment.

By my signature below, I acknowledge that this Authorization Form, in original, faxed, photocopied or electronic form, will be valid for any reports that may be requested by the University of Tennessee.

Print Name: _____

Signature of Applicant: _____ Date: _____

PLEASE PRINT THE FOLLOWING INFORMATION.

Last Name: _____ First Name: _____ Middle Name: _____

Other Names Used (alias, maiden, nickname): _____

Social Security Number: _____ - _____ - _____ Date of Birth: _____ / _____ / _____
Month Day Year

Driver's License Number: _____ State Issued: _____

Current Resident Address: _____
(Street Number & Name) (City) (State) (Zip Code)

NOTE: International Employees please include your Foreign Address also:

List Resident Address in Past Seven Years (attach additional sheets if necessary)

| | | | | |
|------------------|------------------------|--------|---------|------------|
| _____ | _____ | _____ | _____ | _____ |
| (Date From – To) | (Street Number & Name) | (City) | (State) | (Zip Code) |
| _____ | _____ | _____ | _____ | _____ |
| (Date From – To) | (Street Number & Name) | (City) | (State) | (Zip Code) |
| _____ | _____ | _____ | _____ | _____ |
| (Date From – To) | (Street Number & Name) | (City) | (State) | (Zip Code) |

School Information (Highest Degree Earned): N/A

School: _____ City/State: _____

Degree: _____ Degree Status: _____

Dates Attended: _____
(Start Month/Year) (End Month/Year)

For International Employees:

Father's Full Name: _____

Mother's Maiden Name: _____

Government ID Number: _____

Passport Number: _____

ADDITIONAL STATE LAW NOTICES**For Maine Applicants Only**

Upon request, you will be informed whether or not an investigative consumer report was requested, and if such a report was requested, the name and address of the consumer reporting agency furnishing the report. You may request and receive from us, within 5 business days of our receipt of your request, the name, address and telephone number of the nearest unit designated to handle inquiries for the consumer reporting agency issuing an investigative consumer report concerning you. You also have the right, under Maine law, to request and promptly receive from all such agencies copies of any reports.

For New York Applicants Only

You have the right, upon written request, to be informed of whether or not a consumer report was requested. If a consumer report is requested, you will be provided with the name and address of the consumer reporting agency furnishing the report.

For California Applicants Only

You may view the file maintained on you by TrueScreen during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services, by appearing at TrueScreen's offices in person, during normal business hours and on reasonable notice, or by mail; you may also receive a summary of the file by telephone. TrueScreen has trained personnel available to explain your file to you, including any coded information. If you appear in person, you must be accompanied by one other person, provided that person furnishes proper identification.

For Minnesota, Oklahoma and California Applicants Only: In connection with your application for employment, your investigative consumer report may be obtained and reviewed. Under California, Minnesota and Oklahoma law, you have a right to a free copy of your investigative consumer report by checking the appropriate box below.

- YES, I am a California resident and would like a free copy of my investigative consumer report.
- YES, I am a Minnesota resident and would like a free copy of my consumer report.
- YES, I am an Oklahoma resident and would like a free copy of my consumer report.

PERSONAL DATA FORM

Effective Date _____

New Update

Form of Address: Mr. Mrs. Miss. Ms. Dr.

Last Name _____ Middle Name _____

First Name _____

Email Address _____

Known as _____ Soc. Security # _____

Birth Date _____ (mm/dd/yyyy) Gender Male Female Nonbinary

Nationality _____ Marital Status Single Married

Name Change Previous Name _____

PERMANENT RESIDENCE (IT0006-Subtype 1)

C/O _____

Street _____

County _____ City _____

State _____ Zip _____

Home Telephone _____ Cell Phone _____

Please include Area Code Please include Area Code

Complete Information No Address No Phone/Address

No Phone Number No Public Listing

OFFICE DETAILS (IT0006-Subtype 3)

Building Name _____ Building No. _____

Street Address _____ Room No. _____

County _____ City _____

State _____ Zip _____ Mail Stop _____

Telephone _____ Fax _____

Please include Area Code Please include Area Code

Would you like the following shared about your office information on the website and outlook?

Complete Information No Address No Phone/Address

No Phone Number No Public Listing

EMERGENCY CONTACT (IT0006-Subtype 4)

Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ (Please include Area Code)

RESIDENCE STATUS (I-9) (IT0094)

U.S. Citizen

Permanent Resident

Non-resident Alien

I-9 Date _____

IMMIGRATION STATUS (IT0048)

Supporting Documentation Required

Country of Citizenship _____

Visa Type _____

Visa Expires _____

Original Date of Arrival to United States _____

Employee Name _____

ADDITIONAL PERSONAL DATA (IT0077)

Ethnicity (Check one of these options) Hispanic/Latino Not Hispanic/Latino

Race Category (Check all that apply. NOTE: More than one box may be checked.)

American Indian or Alaskan Native Asian Black or African American
 Native Hawaiian or Other Pacific Islander White

Veteran Status (Check all that apply. NOTE: If a Recently Separated Vet, the discharge date is required.)

Special Disabled Veteran Vietnam Era Veteran Other Protected Veteran
 Recently Separated Vet Armed Forces Service Medal Veteran
 Disabled Veteran Non-veteran

Discharge Date _____
(Required for Recently Separated Vet)

Currently receiving retirement benefits from the State of Tennessee or from a federal retirement plan?

YES NO If yes, what agency? _____

Retired from UT? YES NO

If yes, list department, address, and date(s) of employment. _____

Ever employed by UT, the State of Tennessee, or by a Federal Agency before? YES NO

If yes, complete below:

| Agency or Department | Full-time Part-time | Address | Dates | Employed under a different name |
|----------------------|------------------------|---------|-------|---------------------------------|
| | | | | |
| | | | | |
| | | | | |

EDUCATION (IT0022)

Educational Level _____ Field of Study _____

Name/Location of Institution. _____ State _____

Type of Degree or Certificate _____ Year Degree Granted _____

Employee Signature _____ Date _____

Health Insurance Waiver

Please complete and return to the Office of Human Resources:

Non-UT Student

Friend

Volunteer

I certify that I am covered by a health insurance policy that includes coverage for medical care and transport. I will not hold the University of Tennessee, The Health Science Center or any employee of the University of Tennessee responsible for payment of any bill related to medical treatment, care, or services. This waiver is subject to any right to recovery independently existing under the Tennessee Claims Commission Act.

I will not hold any faculty member, instructor, staff member, department or the University of Tennessee Health Science Center liable should I become injured while engaging in volunteer activities at or affiliated with the University of Tennessee, The Health Science Center

Signature

Date

Print Name

NOTARY SEAL

SWORN TO AND SUBSCRIBED before me this _____ day of _____, _____.

Notary Public

My Commission Expires:

UT Health Science Center

Occupational Risk Assessment

Human Resources Department
910 Madison Avenue, Ste. WP012, Memphis, TN 38163
Phone: (901) 448-5600 Fax: (901) 448-5170
Email: hr@uthsc.edu

Check One

- Employee Student Volunteer Visiting Scholar
- Non-UT Employee/Student Friend

Date: _____

Name: _____

Address: _____

State/Province: _____

Zip/Postal Code: _____

Date of Birth: _____

Daytime Contact Number: _____

Position Title: _____ Hire Date: _____

Supervisor/Principal Investigator: _____

Check All That Apply

The above employee will work or live in the following.

- Clinical Setting Dormitory
- Laboratory Animal Lab

Work Hours

Monday _____ Tuesday _____ Wednesday _____

Thursday _____ Friday _____ Saturday _____

Sunday _____

Please return this complete form to the Human Resources Office.

Acknowledgment and Agreement Regarding Inventions and Creations

I acknowledge and agree that The University of Tennessee's (the "University's") Statement of Policy on Patents, Copyrights, and Other Intellectual Property (the "Board Policy"), is part of the conditions of my employment as an employee of the University, and I agree to comply with its provisions. I also acknowledge that the University is obligated to comply with research sponsor requirements, including the Bayh-Dole Act (35 U.S.C. §§ 200-212) and its implementing federal regulations (37 C.F.R. Part 401).

As used below, "Inventions and Creations" means (1) any and all inventions, creations, and other intellectual property in which the University has ownership rights under the terms of the Board Policy, and (2) any and all "subject inventions" as defined by the Bayh-Dole Act (35 U.S.C. § 202(e)) of the University under its federal awards.

I hereby agree to disclose promptly to the University in writing all Inventions and Creations in accordance with procedures established by the University.

I hereby assign and transfer, and agree to assign and transfer, to the University ownership, including all of my right, title, and interest, in and to all Inventions and Creations.

I hereby agree that I will not attempt to assign or otherwise transfer any right, title, or interest in any Inventions and Creations to any other person or entity without the written permission of the University.

I hereby agree to execute all appropriate documents and otherwise do all things necessary and proper to effectuate the intent of this Acknowledgement and Agreement, including providing assistance (without out-of-pocket expenses to me) for the University or its assignee (including the University of Tennessee Research Foundation ("UTRF")) to file, prosecute, defend and enforce patent applications and issued patents on any Inventions and to register, defend and enforce copyright on any Creations. If the University is unable to secure my signature as necessary to do these things (for example, if I cannot be located), I appoint the University or its assignee as my agent and attorney in fact to sign my name for those purposes.

In addition to the compensation I receive as an employee of the University, I am entitled to share in any income, under the terms of the applicable UTRF Revenue Sharing Policy, that may accrue as a result of the commercialization of any Invention or Creation covered by this Acknowledgement and Agreement.

Signature: _____ Date: _____

Printed Name: _____ Employee Number: _____

University of Tennessee Health Science Center
Confidentiality Agreement

Each faculty member, staff member, other employee, and student of the University of Tennessee Health Science Center who is afforded access to confidential, protected health information in medical or dental records, billing records, research records or in other forms which is considered individually identifiable, agrees to abide by the following terms:

1. Patient care information, whether written, oral, or in electronic computer system form is confidential and may be accessed only by employees or authorized contracted personnel who need that information to perform their job or contractual responsibilities. Only authorized personnel may release patient care information to individuals outside the health system.
2. I understand that this information belongs to the patient; I am only the caretaker. I must guard the documentation appropriately to prevent conversation being overheard by people without a right to know the information. This includes, but is not limited to the following:
 - a. Keeping patient information secure, private, and out of public viewing
 - b. Protecting computerized data by logging off when leaving a work station
 - c. Keeping information secure by not discussing patient specific issues in public areas such as elevators or anywhere outside the workplace.
3. I agree that personnel may only access information necessary to perform their job responsibilities. I agree not to disclose, communicate, or use any patient information in any manner whatsoever other than within the course of my job responsibilities. Even within those responsibilities, I will limit the dissemination of information to those persons who have a need to know.
4. I agree to dispose of copies of reports and other confidential information by shredding them when the final reports have been proofread and signed. I also agree to safeguard tapes and other recording media on which confidential information has been recorded.
5. I understand that the confidentiality of information survives the termination of my relationship with the University of Tennessee.
6. I understand that if I do not keep this information confidential, or if I allow or participate in the inappropriate dissemination of (or access to) personal patient information, I will be subject to disciplinary action according to the University Code of Conduct and other University policies in addition to facing the possibility of litigation and monetary sanctions.
7. I understand that criminal offenses regarding disclosure of protected patient information will be reported to the proper authorities.
8. I agree to comply with all state and federal laws applicable to the use of confidential patient information including the Privacy Act of 1974, the Health Insurance Portability and Accountability Act of 1996 (HIPPA), the Patient Privacy Protection Act and the Tennessee Medical Record Act, the Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009, and the Family Educational Rights and privacy Act (FERPA) of 1974.

My signature attests to the fact that I have read, understand and agree to abide by the terms of this statement and to the University of Tennessee's policies on confidentiality of patient care information as well as the policies on confidentiality of payroll, personnel, student, and financial records.

Printed Name _____

Signature _____

Department Name _____

Date _____



Human Resources
910 Madison Ave, Suite WP012
Memphis, TN 38163
Tel: (901) 448-5600 Fax: (901) 448-5170

Identification Card Acknowledgement

Employee Name _____

Department _____

Position Title _____

Please read and check to indicate that you have been informed and understand your obligations regarding receipt, loss and return of you UT identification Card.

In the event of loss of ID Card, I must report the loss immediately to Campus Police and my department and request a new ID be issued. I am obligated to assume replacement cost of twelve dollars (\$12) each time a new ID is issued to me.

Loaning of an ID card to anyone or other misuses is prohibited and may subject me to disciplinary action and a charge of twelve dollars (\$12) for return of confiscated ID card or an appropriate replacement.

ID cards damaged through fair wear and tear are replaced at no charge. Cards damaged through abuse and carelessness are replaced at a cost of twelve dollars (\$12).

As an employee, prior to leaving UT (termination, resignation, etc.), I must return my UT ID card to the Campus Police office. Failure to do so will result in a charge of twelve dollars (\$12).

Signature _____ Date _____



Human Resources
910 Madison Ave, Suite 722
Memphis, TN 38163
Tel: (901) 448-5600 Fax: (901) 448-5170

Name: _____

Date: _____

Note: This page will not be copied for dissemination beyond the Office of Human Resources and/or other departments who may need this information for Affirmative Action or legal purposes. This invitation is being extended to you after a job offer.

INVITATION TO APPLICANTS FOR EMPLOYMENT TO IDENTIFY THEMSELVES DISABLED

THIS SECTION PERTAINS ONLY TO DISABLED PERSONS. A person with a disability refers to any person who has a physical or mental impairment that substantially limits one or more major life activities (performing manual task, learning, walking, seeing, hearing, speaking, etc.), has a record of such impairment, or is regarded as having such impairment.

The UT Health Science Center is a government contractor subject to Section 504 of the Rehabilitation Act of 1973, which require employers to take affirmative action to employ qualified disabled individuals. If you feel you meet the above definition of disabled, the UT Health Science Center invites you to inform us so that you may be given consideration under our affirmative action program.

Provision of this information is entirely voluntary, and choosing not to provide it will not result in any adverse treatment. The information will be used only according to the regulation of the Act. The information is considered confidential, except that (1) supervisors may be informed regarding restrictions on the work or duties of disabled persons and any necessary accommodations and (2) first aid personnel may be informed, where appropriate, if the condition might require emergency treatment.

Please describe disability _____

Do you have any health problems or physical limitations which would affect your ability to perform the essential functions of the job for which you are applying? If yes, explain _____

If so, what reasonable accommodations, if any, could the University take to enable you to perform?

THE ABOVE INFORMATION IS VOLUNTARY AND WILL BE KEPT CONFIDENTIAL AND USED ONLY IN ACCORDANCE WITH THE ACTS AND THE REGULATIONS AT 41 CFR 60-250 AND 41 CFR 60-741. REFUSAL TO PROVIDE THIS INFORMATION WILL NOT SUBJECT YOU TO ANY ADVERSE TREATMENT.



Human Resources
910 Madison Ave, Suite 722
Memphis, TN 38163
Tel: (901) 448-5600 Fax: (901) 448-5170

**THE UNIVERSITY OF TENNESSEE
HEALTH SCIENCE CENTER
AUTHORIZATION OF DISCLOSURE**
(This form allows authorization to verify your employment.)

PLEASE SIGN ONLY ONE

I, the undersigned, authorize the Office of Human Resources of the University of Tennessee to provide the following information to the persons or entities hereinafter mentioned: period of employment, positions held, and salary (if requested in writing).

I fully understand and agree that the above personnel information may be made available by the Office of Human Resources or other UT Departments to prospective employers, lending institutions, and other persons and entities seeking said personnel information for employment, credit and other business.

Date: _____ Signature: _____

Department: _____

I do NOT authorize the above disclosure:

Date: _____ Signature: _____

Department: _____

ATTENTION: The Law of the State of Tennessee makes the Personnel Records of UT public domain. This gives any citizen of the State of Tennessee the right to view your personnel file when they present proper ID showing they are a citizen.