

**VOLUNTEER REGISTRATION FORM**

---

Page 1 of this form is to be completed by the Volunteer: (Please print)

VOLUNTEER NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

HOME PHONE: \_\_\_\_\_

CELL 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](#)). 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 from the Risk Management web site at [risk.az.gov](http://risk.az.gov).

Do you 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.

---

**Volunteer Signature**

---

**Date**

The Supervisor must complete page 2 of this form



Risk Management Division

**VOLUNTEER REGISTRATION FORM  
(CONTINUED)**

The Supervisor must complete this page

VOLUNTEER NAME: \_\_\_\_\_

VOLUNTEER DUTIES: \_\_\_\_\_

START DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_

STATE AGENCY: \_\_\_\_\_

DIVISION: \_\_\_\_\_

SUPERVISOR NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

SUPERVISOR TITLE: \_\_\_\_\_

VEHICLE INFORMATION

	Yes	No
Will the volunteer be driving a State owned or rented vehicle?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, will this vehicle be an 8- to 15-passenger van?	<input type="checkbox"/>	<input type="checkbox"/>
Does the volunteer have a valid driver's license?	<input type="checkbox"/>	<input type="checkbox"/>
Have you checked the volunteer's Motor Vehicle Record?	<input type="checkbox"/>	<input type="checkbox"/>
Does the volunteer have previous experience driving an 8- to 15-passenger van?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, describe experience: _____		
Has the volunteer successfully completed the mandatory 15-passenger van training course?	<input type="checkbox"/>	<input type="checkbox"/>

Expiration date of the Van Certification Card: \_\_\_\_\_

\_\_\_\_\_  
**Supervisor Signature**

\_\_\_\_\_  
**Date**