



Voluntary Services Adjunct Faculty Request Form

This form should be used when the affiliation of non-university individuals engages in appropriate professional activity as voluntary services adjunct faculty, which includes no regular teaching assignments in the university nor compensation by the university. See Voluntary Services Adjunct Faculty Policy 3356-10-09 for additional information.

Directions for Prospective Voluntary Services Adjunct Faculty:

1. Complete Part 1 A, B, and C of this form.
2. Submit this form and a current resume or curriculum vita (c.v.) to the Department Chairperson.
3. Complete the RELEASE FOR BACKGROUND CHECK INFORMATION form and submit to the Office of Human Resources at HR@ysu.edu.

PART 1: To be completed by Prospective Voluntary Services Adjunct Faculty ONLY (Please Print)

A. PERSONAL INFORMATION

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

Prefix: Mr. Mrs. Ms. Dr. Other: _____

Suffix: Jr. II III Sr. PhD Other: _____

Birth Date (mm/dd/yyyy): _____ Email Address: _____

Street Address: _____ City: _____

State: _____ Zip Code: _____ County of Residence: _____

Primary Phone Number: _____ Secondary Phone Number: _____

Gender: Male Female Marital Status: Single Married Divorced Widowed

US Citizen Birth (Native) US Citizen Naturalized Permanent Resident

Non-Resident Alien Visa Type: _____ Expiration Date: _____

First Emergency Contact Name: _____ Relationship: _____

Primary Phone Number: _____ Secondary Phone Number: _____

Second Emergency Contact Name: _____ Relationship: _____

Primary Phone Number: _____ Secondary Phone Number: _____

Voluntary Services Adjunct Faculty services to be provided:



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B. MANDATORY QUESTIONS

1. Do you have any criminal charges pending against you? Yes No
2. Are you required to register with the sex offender registration of any state, including Ohio, and/or are you subject to sex offender community notifications, residency restrictions, or limitation laws? Yes No
3. Are you currently being investigated for sexual harassment, sexual discrimination, or sexual misconduct at any current or past employer? Yes No
4. Have you been the subject of any substantiated finding of sexual harassment, sexual discrimination, or sexual misconduct at any current or past employer? Yes No
5. Have you ever been disciplined, discharged, nonrenewed, asked to resign from employment, or have resigned from or otherwise separated from any employment while allegations of sexual harassment, sexual discrimination and/or sexual misconduct were pending or under investigation, or due to an adjudication or finding of sexual harassment, sexual discrimination, or sexual misconduct? Yes No

If you answered "Yes" to any question above, you may explain below:

C. APPLICANT CERTIFICATION

1. I certify that the information I have provided, including the information contained in my resume or c.v., is true and complete.
2. I agree that as an adjunct faculty I am not considered to be an officer or employee of Youngstown State University with respect to benefits, retirement programs or coverage for claims of professional liability.
3. I agree that as adjunct faculty I am not entitled to civil immunity from suit, even when acting in my capacity as adjunct faculty for Youngstown State University.
4. Through my acceptance of adjunct faculty appointment, I expressly waive the right to claim benefits or immunity under Ohio law and acknowledge that YSU is not responsible to provide a defense or pay a judgment with respect to a professional liability claim filed against me.
5. I acknowledge that when I engage as adjunct faculty in a clinical practice or other service, I must maintain my own separate professional liability coverage and will receive no compensation from Youngstown State University.



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C. APPLICANT CERTIFICATION CONTINUED:

6. I acknowledge that I have read and agree to abide by applicable Youngstown State University policies, procedures and rules governing my actions, including but not limited to those relating to standards of conduct, safety, confidentiality, protected health and student information, use of computers and resources, substance abuse, discrimination/harassment, and sexual discrimination.
7. I acknowledge that Youngstown State University has the right to release me as adjunct faculty at its sole discretion and with or without notice.
8. I understand that as adjunct faculty I am responsible for completing a hazing education module and I am required to report any hazing incidents.
9. I acknowledge that I have a continuing duty to report any change to the information I have supplied.
10. I understand that as voluntary services adjunct faculty, I am responsible for completing a hazing education module and I am required to report any hazing incidents.

I sign this agreement of my own free will and on behalf of myself, my heirs, and my representatives do hereby release, waive, indemnify, and hold harmless the State of Ohio, YSU or any of its trustees, officers, or employees from any and all liability, damage, or claim of any nature that arises out of or is related to my voluntary onsite activities.

Signature

Date



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PART 2: To be completed by YSU department representative ONLY (Please Print)

Department Name: _____ Requesting Start Date: _____

Describe the full scope of activities to be provided by the individual (attach additional sheet(s) if necessary):

Will the individual be involved in programs/activities designed for participation by minors? Yes* No
A "Yes" answer requires completion of the on-line course through the Human Resources Organizational Department Office *Protecting Children: Identifying and Reporting Misconduct.

In order to fulfill their voluntary services adjunct faculty duties and obligations to YSU, please provide the individual with the following (check all appropriate):

- ID Card
- Building/Office Keys (Requires approval from the executive director of Facilities)
- Parking Pass
- YSU E-mail Address
- Other: _____

While appointment is normally a term of one year, the provost/vice president for academic affairs may extend an appointment to three years when appropriate justification is provided.

Length of appointment: One Year Three Years*
***Justification must be attached**

Department Account Number: _____

Name of Immediate Supervisor (Please print): _____

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|--|----------|-----|----|
| | Approved | Yes | No |
| Department Director/Chairperson Signature & Date | | | |

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|-----------------------|----------|-----|----|
| | Approved | Yes | No |
| Dean Signature & Date | | | |

| | | | |
|---|----------|-----|----|
| | Approved | Yes | No |
| Provost/Vice President (or designee) Signature & Date | | | |

