WESTERN
NEW MEXICO UNIVERSITY

Western New Mexico University

UNPAID AFFILIATE INFORMATION FORM
(Unpaid Volunteer Appointments Only)

Last Name: _____ First Name: _____ MI: _____

Address: _____ City _____ State _____ Zip Code _____

Phone # _____ Gender ☐ F ☐ M

Emergency Contact:

Name 1: _____ Phone 1: _____

Name 2: _____ Phone 2: _____

Have you ever worked in a paid position for WNMU? ☐ Yes ☐ No

If yes, what department: _____ Dates: _____

I attest that I am freely, without pressure or coercion, giving my time and services to Western New Mexico University as an affiliate, associate, or other individual working in an unpaid status. I am working in a non-salary or wage capacity solely for affiliation, educational, or personal reasons and without expectation of compensation, benefits, or future employment from the University beyond any specified reimbursement arrangements, outside stipend, or affiliate agreements.

I agree to familiarize myself with, and abide by, WNMU rules and policies regarding conduct, confidentiality, safety, and welfare. I understand that I will be subject to the same pre-employment screening and criminal background checks as paid employees performing similar duties.

I understand that the State of New Mexico provides general liability coverage to volunteers, but no other university or state-sponsored employee medical, retirement, workers compensation, or other insurance plans apply to this association. I understand that WNMU and I both have the right to end the volunteer relationship at any time, for any reason, without advance notice. Nothing on this form represents a contract or expectation of employment moving forward.

I understand that if I am issued a university access card, it is the property of the university and is issued at the University's sole discretion. I understand that the University may revoke my access to its facilities and/or require that I return the card at any time for any reason. I will not represent myself as a University employee.

My signature below affirms that all information on this information form is accurate to the best of my knowledge, and I agree to abide by the conditions outlined above.

Signature: _____ Date: _____

Volunteer Start date: _____ Volunteer End date: _____

Department Name: _____ Date: _____

Dept. Head Name: _____

Dept Head Signature: _____ Date: _____

Please send the completed form to Human Resources. All Unpaid Affiliates need to complete the background request online.

Updated 2/2/2021

WNMU DIVISION OF BUSINESS AFFAIRS
Department of Human Resources

Welcome to the WNMU Community!

Prior to your start date as an unpaid affiliate, you will need to complete and submit your authorization for a background investigation including but not limited to a criminal background check demonstrating your eligibility to Volunteer (Unpaid Affiliate) with WNMU.

You may access our Background portal with the information below:
Web Link: https://background.hrtrucheck.com/br_login.php
Access Code: wnmu

If you have any issues accessing the site, please call us at 575-538-6328 or email us at employment@wnmu.edu.