

Submit the completed request with the volunteer's current CV to HSC-Faculty Contracts Office.

Date Submitted Submitted by Phone

College/ Department Email

Volunteer's Biographical Information:

Last Name First Name Middle Initial

Email Address Cell Phone

Mailing Address City State

ZIP Date of Birth Social Security Banner ID#

Reason for requesting the affiliation; the volunteer's contribution to the college or department; volunteer's current profession position:

Job Title Requested Affiliation Start Date End Date

Home Org. Code

Signature of Department Head or Dean

Select one of the following:

| Role Name | Role Description |
|-------------------------------|---|
| AFIL_FACULTY_VOL_LC_NOGYM_HSC | Nursing and Pharmacy preceptors. All privileges except gym and athletic tickets |
| AFIL_FACULTY_VOL_NO_LC_HSC | Nursing and Pharmacy preceptors. NetID, Library, and Learning Central privs but no LoboCard |
| AFIL_FACULTY_VOL_ALLPRIVS_HSC | Preceptors / volunteer faculty in an HSC organization; full privileges |
| AFIL_FACULTY_LAT_HSC | Letter of Academic Title (LATs) / Adjunct faculty in HSC organization |
| AFIL_FACULTY_LAT_INTL | International Letter of Academic Title (LATs) / Adjunct faculty |

Does Affiliate's volunteer contribution require access to BlackboardLEARN?

| | |
|---|--|
| <input type="checkbox"/> YES, access to IS required | <input type="checkbox"/> NO, access IS NOT required. |
|---|--|

Entered into Banner (Date & Initials): PPAIDEN (HSC-FCO) _____ GZAAFIL (HSC-FCO) _____
 SIAINST (HSC-FCO) _____ SIAASGN (College) _____