



## NON-EMPLOYEE INFORMATION FORM

Full Legal Name:

First

Middle

Last

Preferred Name:

Student ID # (if known):

Mailing Address:

City:

State:

Zip:

Physical Address  
(if different):

City:

State:

Zip:

Primary Phone – Check one: ☐ Cell ☐ Home ☐ Business

Alternate Phone – Check one: ☐ Cell ☐ Home ☐ Business

Email Address:

☐ By checking this box, I authorize the release of the above information to any department of NIC

Birth Date (MM/DD/YY): \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Please note: This is used for network account creation only - it will not be released.

☐ I would prefer not to provide my birth date and/or SSN even for the creation of my network account login.



1. Have you previously been employed by NIC? ☐ Yes ☐ No

a. If yes, most recent title: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

2. Have you ever been convicted of a felony, entered a plea of guilty, or had a withheld judgement to any felony?

☐ Yes ☐ No

a. If yes, please explain: \_\_\_\_\_

3. Have you ever been convicted by a military court? ☐ Yes ☐ No

a. If yes, please explain: \_\_\_\_\_

**NOTE: An affirmative answer to these questions is not an automatic bar to volunteering/service.  
Each case is evaluated individually.**

**CERTIFICATION:** In submitting this packet, I agree to conform to the policies and procedures of North Idaho College. I understand that acceptance of this packet by the College in no way constitutes a contract or guarantee of employment or service as a volunteer. I acknowledge and agree that my ability to volunteer or provide service to North Idaho College may be terminated by either party at any time, with or without notice. I certify that the facts contained in this packet are true and complete to the best of my knowledge. I understand that any falsified statements or omission of fact, either in this packet, or during my service, may result in disciplinary action up to and including termination of service. I expressly approve North Idaho College to verify the accuracy of the statements in this packet. I release all references and previous employers from liability for providing truthful information in the pursuit of this verification.

By entering my name and date below, I hereby authorize this electronic signature submittal to serve as my legal signature in acknowledgement and release of the above information.

**Signature:** \_\_\_\_\_

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

## POLICY ACKNOWLEDGMENTS

All college employees, volunteers and contractors are required to read the statements below as a condition of service. Referenced policies and procedures may be found in the Human Resources office or at [www.nic.edu/policy](http://www.nic.edu/policy).

### **North Idaho College – Confidentiality of Personal Information**

#### **Summary of Policy 3.11**

It is the policy of North Idaho College to maintain the confidentiality of personal information including, but not limited to, employment information, tax information, school and library records, and medical records to the extent allowed by public information laws. Information relating to the confidentiality of student records as guided by the federal Family Educational Rights and Privacy Act (FERPA) is found in policy #5.05. It is the expectation that any employee or volunteer of North Idaho College understands that the improper disclosure of private information can have a detrimental effect on the personal lives of our employees and students, and that any violation of confidentiality or unauthorized disclosure of confidential or private information will result in discipline up to and including dismissal.

### **North Idaho College – Equal Opportunity Statement Summary**

#### **Summary of Policies and Procedures 3.02.1, 5.13 and 3.03.3**

North Idaho College is an equal opportunity employer and does not discriminate on the basis of race, color, religion, national origin, sex, age, disability, or status as a Vietnam-era Veteran. This policy applies to all programs, services and facilities, and includes, but is not limited to, applications, admissions, access to programs and services, and employment. To this end, the College has a number of policies and procedures to address anti-discrimination issues. These are:

- Policy and Procedure 3.02.1: Affirmative Action and Equal Opportunity
- Policy and Procedure 5.13: Americans with Disabilities
- Policy and Procedure 3.03.3: Civil Rights

Incidents of discrimination are regarded very seriously, and dealt with in a timely manner through prompt, appropriate, corrective action. The above NIC policies apply to any person directly affiliated with the College, including but not limited to students, employees, volunteers, and applicants for admissions and/or employment.

### **North Idaho College - Sexual Harassment Statement Summary**

#### **Summary of Policy 3.03.06**

North Idaho College has a "zero-tolerance" policy on sexual harassment. Sexual harassment subverts the missions of North Idaho College and threatens, in both obvious and subtle ways, the careers, of students, faculty, and staff. As such, it is not tolerated in any way. Any incidents of sexual harassment are regarded very seriously, and dealt with in a timely manner through prompt, appropriate, corrective action.

Sexual Harassment is defined by North Idaho College as "unwelcome sexual advances, requests for sexual favors, other verbal or physical conduct of a sexual nature, and/or discrimination based on gender differences." Further, sexual harassment is a form of discrimination recognized both by the



Equal Employment Opportunity Commission as a violation of Civil Rights Act of 1964, as amended, and by the Office of Civil Rights as a violation of Title IX of the Education Amendment of 1972. For the complete North Idaho College Policy and Procedure on Sexual Harassment, please refer to the NIC Policy Manual at <http://www.nic.edu/policy>. The specific Policy and Procedure on Sexual Harassment is number 3.03.06, and the Civil Rights Policy and Procedure is number 3.03.3.

If you feel that you have been subjected to discrimination or sexual harassment, or if you have noticed incident(s) of discriminatory behavior or sexual harassment on campus, please report the episode to the Human Resources Office by calling 208-769-3304.

**I HAVE RECEIVED, READ, AND UNDERSTAND NORTH IDAHO COLLEGE'S CONFIDENTIALITY OF PERSONAL INFORMATION, EQUAL OPPORTUNITY, AND SEXUAL HARASSMENT STATEMENTS. I AGREE TO ADHERE TO ALL REFERENCED POLICIES AND PROCEDURES.**

By entering my name and date below, I hereby authorize this electronic signature submittal to serve as my legal signature in acknowledgement and release of the above information.

Print Full Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### ***Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics***

*The safety of all members of the campus community is of vital concern to North Idaho College. Information regarding crime prevention advice, the law enforcement authority of Campus Security, policies concerning the reporting of any crimes which occurred on the campus (and other specified locations), other security and safety-related policies, as well as the crime statistics for the most recent 3-year period may be found in the Campus Safety and Security Guide and Annual Fire Safety Report. A paper copy of the Campus Safety & Security Guide and Annual Fire Safety Report may be obtained by contacting the Campus Security at 208-769-3310.*

## VOLUNTEER RELEASE AND ACKNOWLEDGMENT

I, the undersigned "Participant", am eighteen years of age or older and have volunteered to participate in \_\_\_\_\_, a program and/or event associated with North Idaho College ("NIC")(the "Program/Event"). For and in consideration of being allowed to participate in the Program/Event and in recognition of my own personal benefit from the Program/Event, I hereby agree as follows:

**Acknowledgement.** I acknowledge that I am in good health and have no physical conditions that affect my ability to participate in the Program/Event and have not been advised otherwise by a medical practitioner. I expressly acknowledge that it is my responsibility to ensure that I am covered by medical insurance, individually, or as a part of an organization and that NIC will not provide such coverage.

I expressly acknowledge and agree that I am not working for or employed by NIC as a result of my participation in the Program/Event and that my participation is solely as a volunteer and not as an employee of NIC. I further acknowledge and agree that I am not entitled to, as a result of my participation in the Program/Event, any NIC-employee benefits such as compensation, retirement benefits, worker's compensation benefits, unemployment benefits and/or any other benefit afforded to individuals as a result of their employment with NIC.

**Assumption of the Risk.** I acknowledge and agree that my participation in the Program/Event may expose me to hazards or risks that may result in my illness, bodily injury, emotional injury, loss, death and/or damage to property. I understand and appreciate the nature of such hazards and risks and I, individually, and on behalf of any community, estate, heirs, executors, administrators, assigns, insurer, and entity, assume all risks inherent in my participation in the Program/Event.

**Release.** I, individually, and on behalf of any community, estate, heirs, executors, administrators, assigns, insurer, and entity, release, waive, discharge and acquit NIC, its governing board, officers, employees, volunteers, representatives, agents and insurers, from any and all liability, claim (including claims for attorneys' fees), damage, loss, injury, expense, cause of action, dispute and cost that may arise from, result from or occur during my participation in the Program/Event, including my coming and going from the Program/Event, whether caused by the negligence of NIC, its governing board, officers, employees, volunteers, representatives, agents or insurers, or by any cause whatsoever.

**Indemnity.** I agree to indemnify, defend and hold harmless NIC, its governing board, officers, employees, volunteers, representatives, agents and insurers, from any and all liability, claim, damage, loss, injury, expense, cause of action, dispute and cost (including payment of fees as incurred) that may arise from, result from or occur during my participation in the Program/Event, whether made by me or on behalf of me to the extent permitted by law, and whether caused by the negligence of NIC, its governing board, officers, employees, volunteers, representatives, agents or insurers, or by any cause whatsoever.

**Understand.** I acknowledge that I have read this agreement in its entirety, understand the terms herein and agree to be bound thereby.

**Severability.** If any provision of this agreement shall be found to be void, such determination shall not affect any other provision of this agreement.

**By checking this box and entering my name and date below, I hereby authorize this electronic signature submittal to serve as my legal signature in acknowledgement and release of the above information.**

**Print Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## EMERGENCY CONTACT FORM

**Please note:** By completing the following section and signing below, I authorize the release of this information in the event of an emergency.

**Employee/Volunteer Name:**

---

**Emergency Contact Name:**

---

**Relationship to Employee/Volunteer:**

---

**Mailing Address:**

---

**City:**

**State:**

**Zip:**

---

**Primary Phone – Check one:** ☐ Cell ☐ Home ☐ Business

**Alternate Phone – Check one:** ☐ Cell ☐ Home ☐ Business

---

---

By entering my name and date below, I hereby authorize this electronic signature submittal to serve as my legal signature in acknowledgement and release of the above information.

**Signature:** \_\_\_\_\_

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



## **BACKGROUND CHECK ACKNOWLEDGEMENT**

Certain positions and individual circumstances at North Idaho College, as per Administrative Guidelines on Background Checks, require the successful completion of a background check. If applicable, you will receive an email from our vendor PeopleFacts, with a link and instructions to authorize the release of your background information to NIC. Your service with North Idaho College is contingent upon the successful completion of the background check.

**Email Address:** \_\_\_\_\_

**By entering my name and date below, I hereby authorize this electronic signature submittal to serve as my legal signature in acknowledgement and release of the above information.**

**Print Full Legal Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

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