THE ACADEMY
OF NATURAL SCIENCES
of DREXEL UNIVERSITY

Non-Employee Associate Form

I, a Non-Employee Associate of The Academy of Natural Sciences of Drexel University, require account access to ANS of DU services ("Account Privileges") because I am a(n):

☐ Staff Volunteer ☐ Visiting Research Professor ☐ Board Member

☐ Independent Contractor ☐ Volunteer Faculty Other _____

☐ Temp Agency Name of Agency _____

First Name _____ Middle Initial _____ Last Name _____

Social Security Number _____ Gender _____ Citizenship _____

Date of Birth _____ Marital Status _____ Race _____

Home Address _____

City _____ State _____ Zip Code _____

Home Phone _____

Primary Employer

Street Address _____

City _____ State _____ Zip Code _____

Work Phone _____

Are you legally eligible to work in the US for the duration of your assignment? ☐ Yes ☐ No

☐ I understand that I am not an employee of The Academy of Natural Sciences of Drexel University and therefore I am not entitled to compensation or benefits of any kind, including, but not limited to, workers' compensation, unemployment compensation or health insurance. I understand that in receiving Account Privileges, I agree to abide by all Academy of Natural Sciences of Drexel University policies and procedures relating to the Services as may be in effect from time to time. Such policies and procedures can be found at www.drexel.edu/irt/org/policies/acceptableUse.aspx and www.library.drexel.edu/about/librarypolicies.html. I further agree that any violations of Academy of Natural Sciences of Drexel University's policies or procedures shall result in the immediate revocation of my Account Privileges. I understand that my Account Privileges shall remain in force for a one year period and will be reviewed on an annual basis.

☐ I understand that I may be subject to a background check.

☐ I certify that I am not a convicted felon.

Non-Employee Associate Signature _____ Date _____

APPROVALS (To be completed by Drexel Administrator)

Approver Name (Print) _____ Title _____

Approver Signature _____

Primary Location _____ Office Phone _____

Department Orgn Name Department Orgn Number

Does this NEA require a Dragon Card? ☐ Yes ☐ No

If yes, please indicate cost center fund: _____

For more information on the Dragon Card, visit:
www.drexel.edu/dragoncard

Return form to HRIS: 3201 Arch St, Ste 430, hris@drexel.edu, or 215-895-1751 (fax)