

# 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](http://www.drexel.edu/irt/org/policies/acceptableUse.aspx) and [www.library.drexel.edu/about/librarypolicies.html](http://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](http://www.drexel.edu/dragoncard)