



# UNPAID EXPERIENCE REQUEST FORM

Part I (Applicant):					
Name: (Last, First, MI)				Gender:	
Date of Birth:	Over 18:	Phone number:			
Email address:					
Previously employed by UConn Health?	Previously volunteered at UConn Health?			Current UConn student?	
Name of school:			Major:		
U.S. citizen?	If no, does this individual have legal Visa status?			If so, what type of Visa?	
Primary purpose of experience:			Experience is intended for academic purposes and/or course credit		
Current School Status:		Undergraduate	Graduate	NA	
Please provide a detailed description and the purpose of the type of unpaid experience you are seeking:					
Part II (Host):					
UConn Health Host Department/Division:					
Host name:			Host title:		
Host email:			Host phone number:		
Coordinator Name:			Room Location of experience:		
Wheelchair accessible?	Hours per week:	Days per week:	Start Date:	End Date:	
Who will train and supervise the individual?					
Please provide a detailed description of the activities and the purpose of the experience:					
Unpaid assignments at UConn Health must comply with state and federal regulations and applicable policies. The <a href="#">Human Resources Unpaid Experience website</a> and UConn Health <a href="#">Appropriate Use of Non-Compensated Individuals Policy 2002-52</a> establish the requirements, restrictions and process for evaluating requests.					
Activities involving minors must comply with the University's Protection of Minors Policy.					
Individuals under the age of 18 must be registered participants in a University-sponsored program.					

**Submit completed form to:**

Human Resources/Organization & Staff Development Unit

Email: [unpaidexperience@uchc.edu](mailto:unpaidexperience@uchc.edu)

**PLEASE ALLOW THREE WEEKS FOR PROCESSING**