



UNPAID EXPERIENCE REQUEST FORM

Part I (Applicant):

Name: (Last, First, MI)		Gender:	Submission Date:
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:		Will you receive course credit for this experience?	
Current School Status:	Undergraduate	Graduate	NA
In the box below, please provide a description including purpose, learning activities and tasks that 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:			
<p>Unpaid assignments at UConn Health must comply with state and federal regulations and applicable policies. The Human Resources Unpaid Experience website and UConn Health Appropriate Use of Non-Compensated Individuals Policy 2002-52 establish the requirements, restrictions and process for evaluating requests.</p> <p>Activities involving minors must comply with the University's Protection of Minors Policy.</p> <p>Individuals under the age of 18 must be registered participants in a University-sponsored program.</p>			

Submit completed form to:
 Human Resources/Organization & Staff Development Unit
 Email: unpaidexperience@uchc.edu

PLEASE ALLOW THREE WEEKS FOR PROCESSING