

Personal Information

Full Name: Last First Middle/ML

Mailing Address: Street Address Apartment/Unit # City State ZIP Code

Phones: Cell Home Alternate

Birthdate: Social Security Number: (SSN and DOB are required for access to college network services and will not be used for any other purpose.)

Teaching Information

Current High School:

Credentialing: Master's Degree Earned Discipline Institution

Courses you wish to teach for UPIKE (Please provide your syllabus for each course listed - UPIKE syllabi available for reference upon request):

UPIKE Course Is this the content area of your master's degree? Yes No If no, attach an additional letter stating what qualifies you to teach this (e.g., additional graduate hours, professional experience).

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Emergency Contact Information

Full Name: Last First Middle/ML

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Relationship:

With my signature below, I affirm that I have read all information on this form and it is accurate to the best of my knowledge. I agree to abide by the conditions outlined. With this form I am also submitting all graduate transcripts and my curriculum vita. I understand that as an applicant I will not be considered until my official transcripts are received by UPIKE from the awarding institution.

Dual Credit Faculty Signature: Date:

School Principal Signature: Date:

UPIKE Dean's Signature: Date:

Course(s) approved:

Date approved: Reviews will be made periodically for continuation of assignments.

As a Dual Credit Faculty member, you are an important member of our faculty and serve as a representative our UPIKE Academic program to the community at-large.

To better understand your role and what you can expect as a Dual Credit Faculty member, please read the following:

- As a UPIKE Dual Credit Faculty member, I understand that I am an employee of the school system for which I work and only a University of Pikeville volunteer. As such, I understand that my participation in the volunteer assignment is not in exchange for any consideration -- e.g. pay, benefits, and promise of future employment. I acknowledge that, in exchange for my services as a volunteer, I have neither been promised any consideration nor will I expect to receive any consideration or future employment.
- I understand that the University must maintain the appropriate paperwork to demonstrate my qualifications as a University of Pikeville faculty member. As such, I will need to provide the University with a current vita and official transcripts of my graduate work.
- For questions about this form or the process, please contact:

Jennifer Dugan  
Dean of the College of Arts and Sciences  
jenniferdugan@upike.edu  
University of Pikeville  
147 Sycamore Street  
Pikeville, KY 41501

- I understand that, even as a volunteer, I may be subject to the pre-employment screening and background checks.
- I understand that the syllabus for the coursework I am teaching for the dual credit program is subject to approval of the University of Pikeville as well as my high school.
- I understand that I will be required to submit both mid-term and final grades to the University of Pikeville and will be subject to and required to enforce the same academic policies (grade assignment, grade appeal, etc.) as other faculty as outlined in the University of Pikeville catalog.
- I understand that the University of Pikeville is responsible for the quality of the educational experience and will evaluate the course and the instruction through a variety of means including anonymous student evaluations and site visits by University of Pikeville officials.
- I understand that I am not an employee of the University and am not covered by worker's compensation laws in connection with my assignment.
- I understand the University of Pikeville provides limited accidental liability coverage to volunteers but that no other employee sponsored medical, retirement or insurance plans apply to this volunteer assignment.
- If my duties include driving on University of Pikeville business, I understand that I must possess a valid driver's license and that I will be subject to a Department of Motor Vehicle driver's license background check.
- I agree to familiarize myself with and abide by University of Pikeville rules and policies regarding personal conduct, confidentiality, safety and welfare and that I will follow the directions and guidance of the department and my supervisor during my volunteer assignment.
- I agree to protect the confidentiality and security of information as restricted by privacy laws and regulations.
- Finally, I understand that University of Pikeville or I may end my volunteer appointment at any time for any reason without advance notice.