

Incubators Affiliates Personnel Form

This form is to be filled out by anyone affiliated with UB Incubators that needs access to the building, company space and/or a volunteer appointment. The individual is to fill out the following information and have the company CEO or appropriate Incubator staff sign to approve. Only two physical keys per company will be issued.

All information in Section I needs to be completed. Section II only needs to be completed if requesting a volunteer appointment.

Section I - Required

Requesting (check all that apply):

- Fob Access
- Physical Key for Suite(s)
- Volunteer Appointment

Name: _____

Company: _____

Company Suite #: _____

Email: _____

Work Phone #: _____

Cell Phone #: _____

Section II - Only Required for **Volunteer Appointment** Requests

Job Title: _____

Brief Job Description: _____

Person Number # (preferred if applicable): _____

Social Security # (if no person #): _____

Gender: Male Female

Date of Birth: _____

Ethnicity: American Indian/Alaska Native Asian Black or African American

Native Hawaiian or Other Pacific Islander White

Hispanic or Latino: Yes No

Home Address: _____

Country of Citizenship: _____

Visa Type (if applicable): _____

Begin Visa Date: _____ End Visa Date: _____

NOTE: Please provide proof of Visa documentation in order to process your appointment.

Volunteer Appointments provide the following; Please check which you need:

UBIT Name & Password UB Parking Pass UB Email Address

UB ID Card UB Library Access UB Secure Wi-Fi (w/EduRoam)

As the Company CEO/Principal or Incubator staff for the above company/organization, I approve the above access request:

Signature & Date

Internal Use Only (staff route the form/info as appropriate and initial and date next to item)

Fob Issued: _____ Pin Issued: _____ Key Issued: _____ VA Submitted: _____ Incutrack: _____