

CSUF VOLUNTEER IDENTIFICATION FORM

Name: _____
Last First Middle

Date of Birth: _____
Month/Day/Year

Address: _____
Street, Apt. # City Zip

Phone Number: () _____
Area Code/Number

E-Mail Address _____

Emergency Contact: _____
Name () Area Code/Number

Department: _____

Supervisor Name: _____
Campus Extension ()

Volunteer Dates: _____
Start Date End Date

Are you volunteering in connection with an academic course or program? Yes____ No____

Are you a University student, staff or faculty member? Yes____ No____

Have you ever been convicted of or charged with a crime? Yes____ No____

Assignment and duties (attach an additional page if necessary): _____

If the volunteer's duties require training, the volunteer must complete all required training prior to beginning their service. If the duties include travel or driving on University business, the volunteer must comply with all University guidelines for traveling and driving on University business prior to traveling and/or driving. In addition, if the supervisor is not traveling with the volunteer, the volunteer's supervisor or designee must authorize in advance and in writing each specific location where the volunteer has authorization to travel or drive on University business. This form may serve as that authorization. Departments should retain the original copy of this form for a period of three years after the conclusion of the volunteer service and send a copy to the Office of University Risk Management.

By signing below, I acknowledge that I desire to volunteer my services and perform the duties listed above. I understand that the above named supervisor or designee will supervise me while I perform these duties. I understand and agree that I will not be compensated for these services and that I serve at the pleasure of the above named supervisor. I am able to complete this service.

Signature of CSUF Volunteer Date

Signature of Parent/Guardian if CSUF Volunteer is younger than 18. Date

Approval of Division Head or designee Date