

**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