



FACULTY VOLUNTEER IDENTIFICATION FORM

****MUST BE APPROVED/ACCEPTED BY VOLUNTEER AND REVIEWED/APPROVED BY DEAN/VP PRIOR TO ACTIVITY****

Section 1: To be completed by Supervisor

(Supervisor must be a Stanislaus State University MPP, staff, or faculty member.)

Volunteer Name:	Email:
Department:	Funding Source:
Volunteer Dates: _____ Start End	
Summary of Duties: If the volunteer will be teaching classes and/or listed on the class as the instructor of record, please list the class sections here (class #, SUBJ CAT #, SEC # description). Include attachment if needed.	
Supervisor Name:	Title:
Supervisor, please check and complete all that apply:	
Will this role require access to campus systems? If so, please indicate the systems: MyCustan Canvas Others: _____	
If access to systems is necessary, please initiate the Security Access Request Form for the volunteer.	
This volunteer will be responsible for the care, safety and security of people (including direct contact with children and minors), animals and CSU property.	
This volunteer will have access to and responsibility for detailed personally identifiable information about students, faculty, staff or alumni that is protected, personal or sensitive. (For examples of Level 1, 2, and 3 Data, please see CSU Policy 8065 .)	
This volunteer will have responsibility for operating commercial vehicles, machinery or equipment that could pose environmental hazards or cause injury, illness, or death.	
This volunteer will have access to controlled or hazardous substances.	
None of the above are applicable to this volunteer assignment.	

Section 2: To be completed by the Volunteer

Volunteer Personal Information:	Address:	Phone Number:
	City, State, Zip Code:	
Emergency Contact Information:	Name:	Relation:
	Phone Number:	
Are you a University student, staff or faculty member?	Yes No	If yes, please provide ID#:
Are you at least 18 years of age?	Yes No	Please enter your date of birth:
Are you receiving academic credit for volunteering?	Yes No	
Would you like to be added to the on-going University volunteer pool?	Yes No	

Section 3:

I hereby desire to volunteer my services, performing the duties listed above, and that services rendered by me will be at the direction of the above named supervisor. I understand that I will not be compensated for these services and that this assignment can be terminated by my supervisor at any time. As applicable, this assignment will not interfere with my primary responsibilities associated with my Stanislaus State employment and pre-authorization to volunteer has been obtained by my supervisor. Further, I acknowledge that my role as a volunteer is as a Limited mandated reporter under the California Child Abuse and Neglect Reporting Act, updated July 2017, Penal Code Section 11165.7(a)[21] and that I am required to and agree to comply with the requirements set forth in CSU [Executive Order 1083](#) as a condition of volunteering, and submit to a Background Check or Live Scan as needed.

_____	_____
Volunteer Signature	Date
_____	_____
Supervisor Signature	Date
_____	_____
Dean/VP Signature	Date
_____	_____
Faculty Affairs Representative Signature	Date

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