



### VOLUNTEER IDENTIFICATION FORM

**\*\*MUST BE SIGNED BY VOLUNTEER AND APPROVED BY DEAN OR VP PRIOR TO ACTIVITY\*\***

Return to HR in MSR 320 or [mdole@csustan.edu](mailto:mdole@csustan.edu) once completed and signed.

#### Section 1: To be completed by Volunteer

Name:			
	Last, First		
Contact Information:	Street Address, City, State, Zip		
	Email	Phone	
Emergency Contact:			
	Name	Relation	Phone
Are you receiving academic credit for volunteering? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you a University student, staff or faculty member? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide ID#: _____			
Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please enter your date of birth: _____			
Would you like to be added to the on-going University volunteer pool? <input type="checkbox"/> Yes <input type="checkbox"/> No			

#### Section 2: To be completed by Supervisor

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

Supervisor Name:	Title:
Department:	Chart-string:
Volunteer Dates: _____	
To	From
Summary of Duties:	
<p>Supervisor, please check all that apply:</p> <input type="checkbox"/> This volunteer will be responsible for the care, safety and security of people (including direct contact with children and minors), animals and CSU property. <input type="checkbox"/> 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 <a href="#">CSU Policy 8065</a> .) <input type="checkbox"/> None of the above are applicable to this volunteer assignment.	

#### 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 I serve at the pleasure of my supervisor. As applicable, this assignment will not interfere with my primary responsibilities associated with my Stanislaus State employment and preauthorization 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.

Volunteer Signature \_\_\_\_\_

Date \_\_\_\_\_

Supervisor Signature \_\_\_\_\_

Date \_\_\_\_\_

Dean/VP Signature \_\_\_\_\_

Date \_\_\_\_\_