VOLUNTEER IDENTIFICATION FORM
\*\*MUST BE APPROVED BY DEAN OR VP PRIOR TO ACTIVITY\*\*
Return to HR at MSR 320 or compliance@csustan.edu once completed and signed.

 **Name:**

(Last, First, MI)

 **Contact Info:**       (   )

 Street, Apt. # Phone

 City, State Zip Email

**Emergency Contact:**       (   )

Name Relation Phone

 **Department:**

(If Stan State Employee)

 **Volunteer Dates:**

 Start Date End Date

Are you receiving academic credit for volunteering? [ ]  Yes [ ]  No

Are you a University student, staff or faculty member? [ ]  Yes [ ]  No

Are you at least 18 years of age? [ ]  Yes [ ]  No

**Please add me to the on-going University volunteer pool** [ ]  Yes [ ]  No

To be completed by Volunteer Director:

Volunteer Director Name:

Volunteering for Department:

Summary of Duties:

Volunteer Director, please check all that apply:

[ ]  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 responsibility for campus security in some capacity (i.e. access to/monitoring of a building).

[ ]  This volunteer will have authority to commit financial resources of the university through contracts greater than $10,000.

[ ]  This volunteer will have access to, or control over, cash, checks, credit cards, and/or credit card account information.

[ ]  This volunteer will have responsibility or access/possession of building master or sub-master keys for building access.

[ ]  This volunteer will have access to controlled or hazardous substances.

[ ]  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.

[ ]  This volunteer will have control over campus business processes, either through functional roles or system security access.

[ ]  This volunteer will have responsibilities that require the employee to possess a license, degree, or credential or other certification in order to meet minimum job qualifications and/or to qualify for continued employment.

[ ]  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 responsibility for student or campus activities including, but not limited to camps or housing access.

This is to acknowledge that I desire to volunteer my services, performing duties similar to those listed above, that services rendered by me will be at the direction of the above named Volunteer Director. I will not be compensated for these services. Further, I understand that I serve at the pleasure of my Volunteer Director.

Your signature to this Volunteer Identification Form is your acknowledgment that this assignment will not interfere with your work‑related responsibilities and any necessary preauthorization to volunteer has been obtained by your supervisor.

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Volunteer Signature Date

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Volunteer Director Signature Date

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Dean/VP Signature (of department in which volunteer is providing service) Date