

CSUB VOLUNTEER IDENTIFICATION FORM

Name:	Last	First	Middle
Address:	Street, Apt. #	City	Zip
Phone Contact:	()	()	
	Area Code/Phone Number (home/cell/work)	Area Code/Phone # (home/cell/work)	
Emergency Contact:	Name	()	
		Area Code/Phone #	
Department:			
Supervisor's Name:		()	
		Area Code/Phone #	
Volunteer Date(s):	Start Date	End Date	

Assignment and Summary of

Duties:

1. Need to drive a vehicle on university business? Yes No
 Driver's License #: _____ State: _____ Exp. Date: _____
 Defensive Driver Cert. #: _____
2. Need to travel on university business? Yes No
3. Background check required? Yes No

Are you receiving academic credit for volunteering? Yes No

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

Are you under the age of 18? Yes No

If you are under the age of 18, please provide date of birth: _____

*All minors are required to complete a Parent Consent Form.

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

Signature of CSUB Volunteer	Date
Signature of CSUB Dean/Director/Administrator	Date
Signature of CSUB Human Resources Dept Representative	Date