

CALIFORNIA STATE UNIVERSITY-BAKERSFIELD
Human Resources Office

Volunteer Acknowledgement Form

TO: Office of Human Resources

FROM: Department/Office: _____

SUBJECT: VOLUNTEER SERVICES

This is to acknowledge that I _____
(Type/Print Name of Volunteer) (Social Security No.)

desire to volunteer my services as a _____ volunteer
(Non-Academic, Faculty, Student)

performing duties similar to those listed for a _____
(*Most Appropriate CSU Class Title)

and that services on _____ to _____ rendered by me
(Effective Date: Start Date) (End Date)

will be at the direction of _____ in _____
(Supervisor's Name) (Department) (Extension)

and that **I will not be compensated for these services.**

Essential Functions:

Identify Required Licenses, Certifications, Etc. (Attach copies) _____

Address: _____

Home Phone Number: _____ Cell/Contact Number: _____

Email Address: _____

Emergency Contact Name: _____ Tel: _____

Are you going to drive as part of your volunteer service? ___ Yes ___ No

Drivers License Number: _____ State: _____ Exp. Date: _____

Defensive Driving Cert. #: _____

If driving is required, forms must be submitted at least 3 days in advance to allow for DMV certification through Public Safety, unless you hold a current state defensive driving certificate from CSUB. If so, please attach a copy of the certificate.

Volunteer's Signature

Date

Dean/Director/Administrator's Signature

Date

Personnel Representative

Date

*Most appropriate CSU class title should be placed here. If none is appropriate, describe the essential functions that the Volunteer is to perform. The Office of Human Resources is available to assist in this determination.