

## VOLUNTEER IDENTIFICATION FORM

### VOLUNTEER INFORMATION

Volunteer's Name (Last, First, Middle Initial)

Street Address:

Phone Number:

( ) -

City:

State:

ZIP Code:

Are you under the age of 18?  Yes  No

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

(Mo/Day/Year) / /

Note to HEERA Managers Regarding Minors: Although CSU volunteers are not employees, Managers and Supervisors may refer to the CSU Employment of Minors policy for guidelines on restrictions that may apply. This document can be found on the CSU Systemwide Human Resources' Employment Policies Web site at: [http://www.calstate.edu/HRAdm/Policies/employment\\_policies.shtml](http://www.calstate.edu/HRAdm/Policies/employment_policies.shtml)

### IN CASE OF EMERGENCY

Emergency Contact's Name:

Emergency Contact's Phone Number(s):

( ) -

( ) -

### DEPARTMENT/VOLUNTEER ASSIGNMENT

Campus Department:

Supervisor's Name (Please print):

Supervisor's Phone Number:

( ) -

Volunteer Start Date (Mo/Day/Year):

/ /

Volunteer Termination/End Date (Mo/Day/Year):

/ /

Assignments and Summary of Duties:

### ACKNOWLEDGEMENT

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 Volunteer*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Department Chair's Signature*

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Dean/HEERA Manager's Signature*

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Date*

*Note: Volunteers who may need to drive on State Business must meet all University driving requirements. For requirements, please contact Risk Management at extension 4846.*

*Rev. 09/2011*