



# CALIFORNIA STATE UNIVERSITY FULLERTON VOLUNTEER FORM

University Risk Management / College Park 700 / Phone (657) 278-8673 / Fax (657) 278-1556  
http://riskmanagement.fullerton.edu

VOLUNTEER INFO

Volunteer Last Name	Volunteer First Name	Volunteer Middle Name
Volunteer Home Address	City	State
Volunteer Phone Number	Volunteer most frequently used email address	
Emergency Contact Name	Emergency Contact Phone Number	

REQUIRED INFORMATION  
All questions must be answered

### Current status

CSUF Student    CSUF Faculty    CSUF Staff / Management    Other, please specify: \_\_\_\_\_

No    Yes   Will you be driving on University business **as part of your volunteer duties**?    Personal Vehicle    State Vehicle  
If **yes**, what kind of vehicle?    Auto    SUV/Van    Truck    Cart    OLLI Trolley

No    Yes   Do you have a current Campus Wide Identification Number (CWID)? \_\_\_\_\_

No    Yes   Have you ever been convicted of or charged with a crime?

No    Yes   Are you 18 years of age or older? If **no**, please provide a date of birth \_\_\_\_\_  
**Note: The CSUF Volunteer Release Form for Minors can be found on the Risk Management website.**

No    Yes   Have you volunteered at Cal State Fullerton in the past?  
If yes, please provide supervisor's name \_\_\_\_\_

SUPERVISORS ONLY

Department Name	Supervisor Name	Supervisor Signature
Start Date (MM/DD/YYYY)	End Date (MM/DD/YYYY)	Lab #

**Note: Volunteer service is for a maximum of one year. A new form must be submitted after the expiration date.**

**Please indicate whether the volunteer will work with any of the following:**    No Training Required

Radiation    Lasers    Chemicals    Blood or Human Products    Sharps    Autoclaves    Centrifuges    Compressed Gas    Formaldehyde

Other: \_\_\_\_\_

**NOTE: VOLUNTEERS MUST COMPLETE ALL REQUIRED TRAINING PRIOR TO BEGINNING THEIR SERVICE**

No    Yes   **Will the volunteer have regular direct contact with minors?**  
If **Yes**, a background check and sexual offender registry check may be required before the volunteer begins service

**Please provide a brief but thorough description of the volunteer duties:** \_\_\_\_\_

APPROVALS

By signing below, I acknowledge that I desire to volunteer my services and perform the duties listed above. I understand that the above named supervisor or designee will supervise me. I understand and agree that I will not be compensated for these services and that I can be removed from volunteer service with or without cause.

Volunteer - Print Name	Volunteer Signature	Date
Approval of Dean or MPP Designee - Print Name	Signature	Date
Department Chair or Coordinator - Print Name	Signature	Extension

Please send a copy of this form to University Risk Management at least two weeks **prior to the start** of the Volunteer assignment.  
Department retains original copy of this form for a period of three years after conclusion of volunteer service.