## 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

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
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<tbody>
<tr>
<td>Volunteer Last Name</td>
<td></td>
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<tr>
<td>Volunteer First Name</td>
<td></td>
</tr>
<tr>
<td>Volunteer Middle Name</td>
<td></td>
</tr>
<tr>
<td>Volunteer Home Address</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td></td>
</tr>
<tr>
<td>State</td>
<td></td>
</tr>
<tr>
<td>Zip Code</td>
<td></td>
</tr>
<tr>
<td>Volunteer Phone Number</td>
<td></td>
</tr>
<tr>
<td>Volunteer most frequently used email address</td>
<td></td>
</tr>
<tr>
<td>Emergency Contact Name</td>
<td></td>
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<tr>
<td>Emergency Contact Phone Number</td>
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### CURRENT STATUS

- CSUF Student
- CSUF Faculty
- CSUF Staff / Management
- Other, please specify: ________

### REQUIRED INFORMATION

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

- Do you have a current Campus Wide Identification Number (CWID)?

- Have you ever been convicted of or charged with a crime?

- Are you 18 years of age or older? If no, please provide a date of birth                        ________

- Have you volunteered at Cal State Fullerton in the past?  
  - No  
  - Yes  
  - If yes, please provide supervisor’s name ____________________________________________

### DEPARTMENT NAME

- Department Name
- Supervisor Name
- Supervisor Signature

- Start Date (MM/DD/YYYY)
- End Date (MM/DD/YYYY)
- Lab #

### SUPERVISORS ONLY

- 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:

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<tbody>
<tr>
<td>Volunteer - Print Name</td>
<td></td>
</tr>
<tr>
<td>Volunteer Signature</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td></td>
</tr>
<tr>
<td>Approval of Dean or MPP Designee - Print Name</td>
<td>Signature</td>
</tr>
<tr>
<td>Date</td>
<td></td>
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<tr>
<td>Department Chair or Coordinator - Print Name</td>
<td>Signature</td>
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<tr>
<td>Extension</td>
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</table>

### APPROVALS

- 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.

REV 05202023