



Name: _____
Last First Middle

Address _____
Street Apt # City State Zip Code

() - _____
Phone Number E-Mail Address (Most frequently used)

Emergency Contact: _____
Name Phone Number

Department Name: _____ Supervisor: _____
Name Signature

Volunteer Dates: _____
Start Date (MM/DD/YYYY) End Date (MM/DD/YYYY)

NOTE: Volunteer service is for a maximum of one year. A new form must be submitted after that time.

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

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

- Are you 18 years of age or older? Yes No

If no, please provide a DOB: _____ The CSUF Volunteer Release Form for Minors must be submitted with this form.

NOTE: The CSUF Volunteer Release Form for Minors can be found on the Risk Management website.

- Are you: CSUF Student CSUF Faculty CSUF Staff/Management Other (Specify): _____

- Have you volunteered in the past? Yes No _____
Print Supervisor's Name Dates: _____

- Do you have a current Campus Wide Identification Number (CWID)? Yes No _____
CWID Number

SUPERVISORS ONLY: Please indicate what the volunteer will be working with from the following:

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

☐ Other: _____ **NOTE: Volunteers must complete all required training prior to beginning their service.**

SUPERVISORS ONLY: Will the volunteer have regular direct contact with minors? Yes ☐ No ☐

If yes, a background check and sexual offender registry check may be required.

SUPERVISORS ONLY: Please provide a brief but thorough description of the volunteer duties:

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 serve at the pleasure of the above named supervisor.

CSUF Volunteer – Print Name Signature Date

Approval of Dean or MPP Designee Signature Date

Department Volunteer Coordinator in case of questions: _____
(If different from Supervisor) Print Name Phone Number

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