

CALIFORNIA STATE UNIVERSITY, FULLERTON VOLUNTEER FORM



University Risk Management / College Park 700 / Phone (657) 278-8673
hr.fullerton.edu/risk-management/

VOLUNTEER INFORMATION

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	
Current status		
<input type="checkbox"/> CSUF Student <input type="checkbox"/> CSUF Faculty <input type="checkbox"/> CSUF Staff / Management <input type="checkbox"/> Other, please specify: _____		
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 Room #
Note: Volunteer service is for a maximum of one year. A new form must be submitted after the expiration date.		
No	Yes	Will the volunteer be driving on University business as part of their volunteer duties ?
If yes , what kind of vehicle? Auto SUV/Van Truck Cart OLLI Trolley State Vehicle Personal Vehicle		
Please indicate whether the volunteer will work with any of the following:		
<input type="checkbox"/> Radiation <input type="checkbox"/> Lasers <input type="checkbox"/> Chemicals <input type="checkbox"/> Blood or Human Products <input type="checkbox"/> Sharps <input type="checkbox"/> Autoclaves <input type="checkbox"/> Centrifuges <input type="checkbox"/> Compressed Gas <input type="checkbox"/> Formaldehyde		
<input type="checkbox"/> 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 , approval may take 6-8 weeks because a background check and fingerprinting are required.		
No	Yes	Parking Pass Required
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 this form to Risk Management at least two weeks **prior to the start** of the Volunteer's assignment.
Department retains this form for a period of three years after conclusion of the Volunteer's service.