



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 Zip Code
Volunteer Phone Number	Volunteer most frequently used email address	
Emergency Contact Name	Emergency Contact Phone Number	

Current status

CSUF Student CSUF Faculty CSUF Staff / Management 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 # Lab Phone #

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 your volunteer duties**? OLLI Trolley
 If **yes**, what kind of vehicle? Auto SUV/Van Truck Cart **Personal Vehicle** **State Vehicle**

Please indicate whether the volunteer will work with any of the following:

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**, 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 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.