

**Associated Students Inc. at CSU San Bernardino
Volunteer Request Form**

Name: _____
Last First MI

Date of Birth: _____ **Coyote ID:** _____
(Month/Day/Year)

Phone Number: _____

Email Address: _____

Current Address: _____
(Street, Apt. #) (City, State) (Zip Code)

Emergency Contact

Name: _____

Relationship: _____ **Phone Number:** _____

Volunteer Information

Supervisors Name: _____

Volunteer Dates: _____

Assignment & Summary of Duties:

Are you receiving credit for volunteering? (Circle One) Yes No

Are you authorized to drive an on campus vehicle? (Circle One) Yes No

If so, please provide Driver Defense License Number: _____

Acknowledgment: I desire to volunteer my services, performing duties similar to those listed above and that services rendered by me will be at the direction of the above named supervisors. I will not be compensated for these services. Further, I understand that I serve at the pleasure of my supervisor.

Signature of CSU Volunteer

Date

Signature of Supervisor

Date

Associated Students Inc. Approval

Date