

CSUSB Volunteer Identification Form

Please print legibly to avoid any delays in processing.

Name: _____
Last First M.I. Coyote ID# (if applicable)

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

Mobile Number: _____ E-mail: _____ DOB: _____
Area Code/Phone # MM/DD/YYYY

Emergency Contact: _____ Emergency Mobile Number: _____
Name Area Code/Phone #

Department: _____ Supervisor's Name: _____

Supervisor's E-mail: _____ Supervisor's Phone Number: _____
Area Code/Phone #

Volunteering Start Date: _____ Volunteering End Date: _____

(HR must approve volunteer form before volunteer can begin his/her assignment. Volunteer assignments are approved on a yearly basis. A new form will be required each year.)

To be completed by supervisor- Please describe the assignment and/or duties: _____

Supervisor's Initials: _____

Please mark yes or no for the questions below. Will the volunteer:

Be considered a faculty volunteer (i.e. perform faculty/instruction related work)? Yes No

1. Need to drive a vehicle and/or travel on university business? Yes No

2. Have regular, direct contact with minors? Yes No

3. Have access to criminal offender record information and/or patients' drugs or medication? Yes No

- If you answered yes to question 1 above, please visit Parking and Transportation Services and complete the **required** Defensive Driving Training. You can find this training at: <http://parking.csusb.edu/Services/defensiveDriving.html>
- If you answered yes to questions 2 and/or 3 above, a background check and/or live scan will need to be **cleared before the volunteering start date.**

If the volunteer does not already have the following items, will he/she need any of the following?

- Internet Access	Yes	No
- CSUSB Email Address	Yes	No
- Coyote ID Card	Yes	No

I acknowledge that I wish to volunteer in performing duties similar to those listed above. I also understand that I must follow the instructions of the supervisor listed above. Furthermore, both CSUSB and I are free to terminate volunteering services at any time, for any reason or for no reason at all. Lastly, I recognize that I will not be compensated for these services.

CSUSB Volunteer's Signature Supervisor's Signature Date

HR/Campus Approval Signature Date HR Initials Date processed/notifications sent out