

CSUSB VOLUNTEER IDENTIFICATION FORM

Instructions: Print Legibly

Name: _____
Last First Middle

Address: _____
Street, Apt. # City, State Zip

Phone Number: _____ **E-mail:** _____ **DOB:** _____
Area Code/Phone # Print Legibly Month/Day/Year

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

Department: _____ **Supervisor's Name:** _____

Supervisor E-mail: _____ **Supervisor Phone Number:** _____
Print Legibly Area Code/Phone #

Volunteer Dates: _____
Start Date (Must be approved HR) End Date

Assignment and Summary of Duties (Must Be Completed By Supervisor Only): _____

Supervisor Initial: _____

- | | | |
|---|-----|----|
| 1. Need to drive a vehicle on university business? | Yes | No |
| 2. Need to travel on university business? | Yes | No |
| 3. Will Volunteer have regular contact with minors? | Yes | No |
| 4. Will Volunteer have access to sensitive and confidential materials*? | Yes | No |

If yes to 1 and/or 2 above, please visit Parking and Transportation Services and complete required Defensive Driving Training.
Website: <http://parking.csusb.edu/Services/defensiveDriving.html>

If yes to 3 and/or 4 above, please know that the volunteer will need to undergo a background check.

*For examples of confidential information please visit: <http://hrd.csusb.edu/backgroundCheck.html>

Will your volunteer need:	Internet Access	Yes	No
	CSUSB Email Address	Yes	No
	CSUSB Coyote ID Card	Yes	No

-
- | | | |
|---|-----|----|
| 1. Are you receiving academic credit for volunteering? | Yes | No |
| 2. Are you a university student or staff or faculty member? | Yes | No |
| 3. Are you under the age of 18? | Yes | No |

If yes to 1 and/or 2 above, please provide Coyote ID number: _____

This is to acknowledge that 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 supervisor. 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

Campus Approval

Date

Rev: 11/6/15

California State University, San Bernardino (CSUSB) Volunteer Background Check Authorization Form

I understand that certain CSUSB volunteer assignments in sensitive areas require background checks. I also understand that any misrepresentation, falsification, or omission of facts herein may be considered cause for dismissal from any volunteer assignment.

I, _____ (Print name) hereby authorize and request any law enforcement agency, or other persons having personal knowledge about me, to furnish California State University, San Bernardino (CSUSB) or its authorized agent, with information regarding criminal convictions or other information in their possession regarding me in connection with my volunteer role in a sensitive assignment. I agree that a photocopy of this information can be furnished to CSUSB, and that it will have the same authority and authenticity as the original.

Campus: _____

Volunteer Participant's Full Name (Printed): _____

Other names used: _____

Signature: _____ Date: _____

STATE PRIVACY NOTICE

The State of California Information Practices Act of 1977 (effective July 1, 1978) requires CSUSB to provide the following information to individuals who are asked to supply information about themselves:

- The principle purpose for requesting and collecting the personal information on this form is to conduct background checks. CSUSB policy and federal statute authorize the maintenance of this information.
- Furnishing all information requested on this form is mandatory.
- The personal information will be kept confidential and used only in accordance with applicable laws.
- The personal information will be given to government enforcement agencies if these agencies request such information, or as otherwise required by law.
- **Information Practices Act Notice (Civil Code § 1798.17)**
- This information is being requested by California State University, San Bernardino. CSUSB is authorized to maintain this information pursuant to Education Code §§ 89500, 89535, (state any other authority relevant here, including any executive orders or coded memoranda.) Submission of the information requested on this form is mandatory. Failure to provide the requested information will mean that you will be ineligible for the position you are seeking. The principal purpose for which this information is to be used is to assist the University in evaluating your eligibility, qualifications, and suitability for the position you are seeking. You have a right of access to records containing personal information maintained by CSUSB. The name, business address and telephone number of the person at CSUSB who is responsible for maintaining the requested information and will be able to inform you of the location of this information is: Cesar Portillo, CSUSB, 5500 University Parkway San Bernardino, CA 92407 (909) 537-5138.