

## CSUB VOLUNTEER IDENTIFICATION FORM

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street, Apt. # City Zip

PhoneContact: ( ) \_\_\_\_\_  
Area Code/Phone Number (home/cell/work) Area Code/Phone # (home/cell/work)

EmergencyContact: \_\_\_\_\_  
Name Area Code/Phone #

Department: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

and Summary of

Duties: \_\_\_\_\_  
 \_\_\_\_\_

1. Need to drive a vehicle on university/business? Yes ' No '  
 Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
 Defensive Driver Cert. #: \_\_\_\_\_

2. Need to travel on university/business? Yes ' No '  
 3. Background check required? Yes ' No '

Are you receiving academic credit for volunteering? Yes ' No '  
 Are you a University student or staff or faculty member? Yes ' No '  
 \_\_\_\_\_

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 CSUB Volunteer

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of CSUB Dean/Director/Administrator

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of CSUB Human Resources Dept Representative

\_\_\_\_\_  
 Date