CSU VOLUNTEER IDENTIFICATION FORM

Name: _____ (Last) _____ (First) _____ (Middle)

Date of Birth: _____ (Month/Day/Year)

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

Phone Number: _____ (Area Code/Phone #)

Emergency Contact: _____ (Name) _____ (Area Code/Phone #)

Department: _____

Supervisor's Name: _____ _____ (Area Code/Phone #)

Volunteer Dates: _____ (Start Date) _____ (Termination Date)

Assignment and Summary of Duties: _____

1. Need to drive a vehicle on University business? Yes ☐ No ☐
2. Need to travel on University business? Yes ☐ No ☐

If yes to 1 and/or 2 above, please provide social security number: _____

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 CSU Volunteer Date

_____ _____

Approval of Campus Personnel Date