

California State University Channel Islands Volunteer Designation Form

PLEASE COMPLETE ALL ITEMSNAME: Ochoa Ellen
LAST FIRST MIDDLEDATE OF BIRTH: 05/10/1958
Month/Day/YearADDRESS: 2101 E NASA Pkwy, Houston, TX 77058
STREET CITY STATE ZIPPHONE: (805) 867-5309EMERGENCY CONTACT: Coe Fulmer Miles
Name PHONESPECIFIC WORK LOCATION ON CAMPUS OR IN COMMUNITY: Rio Vista Middle SchoolSUPERVISOR'S NAME: Phil Hampton, PhD SUPERVISOR'S PHONE: (805) 437-8869VOLUNTEER DATES: November 3, 2018 November 3, 2018
MANDATORY START DATE End Date

ASSIGNMENT AND SUMMARY OF DUTIES:

Science Carnival science activity - DNA Extraction

Will you be driving a vehicle on University business?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Will you be traveling on University business?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Are you receiving academic credit for volunteering?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you a University student or staff or faculty member?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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.

Ellen Ochoa
SIGNATURE OF VOLUNTEER10/24/2018
DATE_____
SIGNATURE OF UNIVERSITY ADMINISTRATOR
APPROVING THIS VOLUNTEER DESIGNATION_____
DATE