

California State University Channel Islands Volunteer Designation Form

PLEASE COMPLETE ALL ITEMS

NAME:

LAST

FIRST

MIDDLE

DATE OF BIRTH:

MONTH/DAY/YEAR

ADDRESS:

STREET

CITY

STATE

ZIP

PHONE:

EMERGENCY CONTACT:

NAME

PHONE

SPECIFIC WORK LOCATION ON CAMPUS OR IN COMMUNITY:

SUPERVISOR'S NAME:

SUPERVISOR'S PHONE:

VOLUNTEER DATES:

MANDATORY

START DATE

END DATE

ASSIGNMENT AND SUMMARY OF DUTIES:

Will you be driving a vehicle on University business?	Yes	No
Will you be traveling on University business?	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 VOLUNTEER

DATE

SIGNATURE OF UNIVERSITY ADMINISTRATOR
APPROVING THIS VOLUNTEER DESIGNATION

DATE

PLEASE SEND COMPLETED FORM TO RISK MANAGER