



## California State University Channel Islands Volunteer Designation Form

PLEASE COMPLETE ALL ITEMS

NAME: \_\_\_\_\_  
LAST FIRST MIDDLE

DATE OF BIRTH: \_\_\_\_\_ DOLPHIN ID#: \_\_\_\_\_  
MONTH/DAY/YEAR

ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_  
NAME PHONE

SPECIFIC WORK LOCATION ON CAMPUS OR IN COMMUNITY: North Quad

SUPERVISOR'S NAME: \_\_\_\_\_ SUPERVISOR'S PHONE: \_\_\_\_\_

VOLUNTEER DATES: 05/09/2026 05/09/2026 AVERAGE HOURS PER WEEK: 5-6 hours total  
MANDATORY START DATE END DATE

CURRENT CSUCI AFFILIATION:  No Affiliation  Student  Faculty/Staff  CalPERS Annuitant

**ASSIGNMENT AND SUMMARY OF DUTIES:**

Volunteer at the STEAM Carnival

**WILL THE VOLUNTEER:**

- Be driving a University, personal, or rental vehicle on University business?  Yes  No
- Be driving a golf cart (Golf Cart Training required)?  Yes  No
- Be receiving academic credit, pay or any other compensation for volunteering?  Yes  No
- Be in direct contact with minors? (A minor is defined as a person under the age of 18)  Yes  No
- Be required to work with any hazardous materials/chemicals?  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  
Philip D. Hampton, Dean

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF UNIVERSITY ADMINISTRATOR  
APPROVING THIS VOLUNTEER DESIGNATION

\_\_\_\_\_  
DATE

**WAIVER OF LIABILITY, PROMISE NOT TO SUE, ASSUMPTION OF RISK AND  
AGREEMENT TO PAY CLAIMS**

Activity: \_\_\_\_\_

Activity Date(s) and Time(s): May 9, 2026, event: 1 - 5 PM, including setup noon - 6 pm

Activity Location(s): North Quad, CSU Channel Islands Campus

In consideration for being allowed to participate in the above-referenced Activity, on behalf of myself and my next of kin, heirs, representatives, and assigns, I hereby **release, waive, and discharge from all liability and promise not to sue** the State of California, the Trustees of The California State University, California State University, Channel Islands and their employees, officers, directors, volunteers and agents (collectively the “University”) from any and all liabilities or claims, **including claims of the University’s negligence**, resulting in any physical or psychological injury (including paralysis and death), illness, damages, property loss, or economic or emotional loss I may suffer because of my participation in the Activity, including travel to, from and during the Activity.

I am voluntarily participating in this Activity. I am aware of the risks associated with traveling to/from and participating in this Activity, which include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death. I understand that these injuries or outcomes may arise from my own or other’s actions, inaction, or negligence; conditions related to travel; or the condition of the Activity location(s). **Nonetheless, I assume all related risks, both known or unknown to me, of my participation in the Activity, including any associated use of University facilities or premises and any travel to, from and/or during the Activity.**

I agree to **indemnify and hold** the University **harmless** from any and all claims, actions, suits, costs, expenses, and liabilities for any injuries to myself and for any damage to my property or possessions that arise out of or arise from my participation in the Activity, including any injury or damage that occurs during the use of University facilities or premises and any travel to, from and/or during the Activity. If the University incurs any of these types of expenses, I agree to reimburse the University. If I need medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

I am 18 years or older. **I understand the legal consequences of signing this document, including (a) releasing the University from all liability, (b) promising not to sue the University, (c) and assuming all risks of participating in the Activity, including travel to, from and during the Activity.**

CALIFORNIA STATE UNIVERSITY CHANNEL ISLANDS

a campus of the California State University • Bakersfield • Channel Islands • Chico • Dominguez Hills • Fresno • Fullerton • Hayward • Humboldt • Long Beach • Los Angeles  
Maritime Academy • Monterey Bay • Northridge • Pomona • Sacramento • San Bernardino • San Diego • San Francisco • San Jose • San Luis Obispo • San Marcos • Sonoma • Stanislaus

I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

[In the event that any foreign language translation of this document has been attached hereto by the University, the English language version of this document shall be the authoritative version. The English language version shall be controlling in all respects and shall prevail in case of any inconsistency with the translated version].

I have read this document in its entirety, fully understand its terms, and acknowledge that I am signing it freely and voluntarily. **No other representations concerning the legal effect of this document have been made to me.**

Participant Signature: \_\_\_\_\_

Participant Name (print): \_\_\_\_\_ Date: \_\_\_\_\_

If the Participant is under 18 years old:

I, the parent/legal guardian of the Participant identified above hereby agree to all of the above on behalf of the Participant

Parent/Guardian Name (print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Mandated Reporter Acknowledgement

California State University Channel Islands has received a Revision to Executive Order 1083 from the Chancellor's Office that requires all CSU Campuses update procedures for reporting child abuse and neglect (also known as Child and Neglect - CANRA)

California law requires certain people, known as "Mandated Reporters," to report known or suspected child abuse or neglect. You have been identified as a certain type of Mandated Reporter: a Limited Reporter under Penal Code § 11165.7(a)(41). **As a Mandated Reporter, you are required by the law to sign this statement acknowledging your legal reporting obligations.**

A copy of the relevant provisions of the law explaining the definition of "Mandated Reporter" (Penal Code § 11165.7), the reporting obligations (Penal Code § 11166), penalty for failure to report abuse or impeding report (Penal Code § 11166.01), the contents of the reports, and the confidentiality of the Mandated Reporter's identity (Penal Code § 11167) is available below.

[EO-1083 Limited Reporters Statement Acknowledging Requirement Attachment-C](#)

[EO-1083 California Penal Code §§ 11164-11174.3 Attachment-A](#)

[EO-1083 Categories of Mandated Reporters Attachment-B](#)

View [Executive Order 1083](#) in its entirety.

Online training is available to you in [CSU Learn](#) (under keyword search "Mandated Reporter")

---

Please fill in the following information:

First name:

Last name:

Department:

---

### Acknowledgement

- I acknowledge being provided with copies of Penal Code Sections 11165.7, 11166, 11166.01, and 11167. I acknowledge and understand my responsibility and legal obligation to report known or suspected child abuse or neglect in compliance with Penal Code Section 11166.

---

Employee/Volunteer Signature: \_\_\_\_\_

Date: \_\_\_\_\_