

**Volunteer Registration Form**

**VOLUNTEER INFORMATION – Please Print**

<b>Name:</b>		<b>CSUN ID#:</b>	
<b>Address:</b>			
<b>Phone #:</b>		<b>Alternate Phone #:</b>	
<b>Email Address:</b>			
<b>Emergency Contact:</b>		<b>Phone #:</b>	
<b>Are you 18 years old or older?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Are you receiving academic credit for volunteering?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Are you a:</b> <input type="checkbox"/> CSUN Student <input type="checkbox"/> AS Officer		<input type="checkbox"/> AS Employee <input type="checkbox"/> State Employee <input type="checkbox"/> Other	

**ASSIGNMENT INFORMATION – For Supervisor to Fill Out**

**Supervisor:** \_\_\_\_\_

<b>Assignment Start Date:</b>	<b>End Date:</b>
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**Assignment and Summary of Duties:**

<b>Is a professional license or certificate (including LiveScan fingerprint clearance) required to perform these duties?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please have Volunteer provide a copy of the required document</i>	<b>HR use only</b> _____ _____ _____
<b>Background Check/Livescan Requirement:</b> <i>Is this position considered "sensitive"?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, please submit Background Check Request Form. Note: Candidate cannot begin volunteer work until Background check is complete.)</i>	
<b>Will Volunteer need to drive a privately owned vehicle or electric cart on AS business?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please have Volunteer attach a completed "Authorization to Use Privately Owned Vehicle on AS Business" form and a copy of Driver's License and proof of insurance to this form. If driving an electric cart, Volunteer must complete the campus Defensive Driving Course, and submit a copy of the course certificate along with a copy of Driver's License to this form. See Cart Policy for all requirements.</i>	

**PLEASE READ**

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 or his/her designee. I understand and accept that I will not be compensated for volunteer service. Further, I understand that I serve at the pleasure of my supervisor.

Confidentiality of Records: Information contained in Student, Financial, and Human Resource records for CSUN students, employees, volunteers, alumni, and certain financial records must be maintained in a confidential manner at all times. As a volunteer of an office that has access to records in computer information systems or any other source, you are required to maintain this information in a confidential manner. The unauthorized access to, modification, deletion, or disclosure of information in any such system may compromise the integrity of the system or otherwise violate individual rights of privacy and/or constitute a criminal act. Distribution and/or reproduction of any record or information outside the intended and approved use is strictly prohibited. Illegal access or misuse of this information is punishable by fine and/or imprisonment. Further, AS computer systems are for the use of authorized users only.

**I acknowledge and agree to the above.**      *Volunteer Signature:* \_\_\_\_\_      *Date:* \_\_\_\_\_

*Supervisor Signature:* \_\_\_\_\_      *Date:* \_\_\_\_\_