

**Section A—To Be Filled Out by Adjunct Faculty Candidate**  
**Adjunct(Volunteer) Faculty Candidate Information**

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

1. Are you under the age of 18?      YES      NO
  - a. If you are under the age of 18, please provide your date of birth: \_\_\_\_\_  
(All minors are required to complete a [Parent Consent Form](#))

2. Are you a University student, staff or faculty?      YES      NO

3. Do you have a CSUN ID number? If Yes: \_\_\_\_\_

4. A. Will you need to drive a vehicle on university business?      YES      NO  
(If YES, please provide your driver's license number: \_\_\_\_\_ and expiration date: \_\_\_\_\_)

**Attach a copy of CA Driver's License & Proof of Insurance with this form**  
(Complete STD 261 "[Authorization to Use Privately Owned Vehicle on State Business](#)")

- B. Do you need to travel on University Business?      YES      NO

Adjunct (Volunteer) Faculty are subject to a Background Check if the position is considered "[sensitive](#)".

**Department Information**

Department Name: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Assignment and Summary of Duties** Description of Duties (if extra space is required, please attach additional documentation). Identify by course number and title of any courses to be taught:


**Confidentiality of Records:** Information contained in Student, Financial, and Human Resources 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 or approved use is strictly prohibited. Illegal access or misuse of this information is punishable by fine and/or imprisonment. Further, use of computer systems are for the use of authorized users only.

I acknowledge and agree to the above Confidentiality requirements. **Please initial:** \_\_\_\_\_

By signing and returning this letter I 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 the Provost and Vice President for Academic Affairs.

**Signature of Adjunct Faculty:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please complete the following forms with this document:

1. [Statement of Profession Preparation and Experience \(SC-1\) form](#) to the Department
2. [CANRA Limited Acknowledgment Form](#) (electronic) with Human Resources

**Section B—To Be Filled Out by Department Only**

**Effective Appointment Date of Adjunct Faculty Member**

Start Date (ex. FA 17) or if not at beginning of semester, specify date: \_\_\_\_\_

End Date (ex. SP 18--Appointment will conclude at the end of this semester) or specify date: \_\_\_\_\_

Length of Appointment:

One Semester  Academic Year  Two Academic Years  Three Academic Years  Other: \_\_\_\_\_

**Education**

Highest Degree of Adjunct Faculty: \_\_\_\_\_ Who at CSUN verified degree: \_\_\_\_\_

How was degree verified: \_\_\_\_\_

**Background Check/Livescan Requirement**

1. Is this position considered "[sensitive](#)"? YES NO

If YES, please submit the appropriate [Background Check Package](#) via the Chargeback system. NOTE: Candidates CANNOT begin volunteer work until the background check has been cleared by Human Resources.

If you answer "YES" to either of the statements below, candidate must complete Livescan:

2. Candidate will have direct contact with minors at a camp/clinic operated by the CSU or CSU property. YES NO

3. Position requires the candidate to be fingerprinted as mandated by law YES NO

**Parking Permit**

Complimentary Parking can be provided only if an Adjunct Faculty member is NOT currently a student or a paid employee of the University.

Complimentary Parking Permit: YES NO

If YES, further instructions will be provided to Adjunct Faculty member on the Appointment letter from the Provost.

**Note:** All Adjunct Faculty members are assigned a CSUN Adjunct Faculty Member Identification(ID) Card. Once the Appointment letter from the Provost to the Adjunct Faculty member is received, the Adjunct Faculty member may obtain their ID Card at the Circulation Desk of the Oviatt Library (1<sup>st</sup> floor).

**SIGNATURES OF APPROVAL:**

Approval of Dept. Personnel Committee Chair: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Approval of Dept. Chair/Supervisor: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Approval of College Dean: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Submit completed form with the following attachments to the Office of Faculty Affairs, UN 305.** An Appointment letter to the Adjunct faculty member will be sent once appointment has been approved by Provost.

Attachments Included:

SC-1 Form(completed by Adjunct faculty member and submitted to Department)

Current Curriculum Vitae(CV)

The Adjunct Faculty member must complete the [CANRA Limited Acknowledgment Form](#) and submit the completed form to Human Resources in University Hall Room 165 or Mail Drop: 8229.

**Section C—Office of Faculty Affairs Only:**

Approval of Provost: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_