

Volunteer Identification Form

VOLUNTEER INFORMATION:

Name: _____ Phone #: _____ Email: _____
 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 receiving academic credit for volunteering? YES NO
3. Are you a University student, staff or faculty member? YES NO

DEPARTMENT INFORMATION:

Department Name: _____ Lead/Supervisor Name: _____ Phone: _____

Volunteer Dates: Start Date: _____ End Date: _____ *(Assignments should not be for more than a year at a time. CSU volunteers may not be used in full-time, long term assignments. Volunteer assignments are generally expected to be sporadic or of limited duration (e.g., assistance with special events or volunteering on a part-time basis over the course of a term))*

Assignment and Summary of Duties:

Description of Duties *(If extra space is required, please attach additional documentation):*

4. Is a professional license or certificate required to perform these duties? YES NO
(If YES, please provide a copy of the required document)
5. 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](#)")
6. Do you need to travel on University Business? YES NO

BACKGROUND CHECK/LIVESCAN REQUIREMENT:

Volunteers are only required to undergo a background check (including fingerprinting) if it is required by law (i.e. direct contact with minor children at CSU Camp/Clinic, positions with access to stored criminal offender record information, patients, drugs or medication); OR if they have cash handling responsibilities (Criminal Check Only).

7. Selected candidate will have direct contact with minors at a camp/clinic operated by the CSU or CSU property. YES NO
8. Selected candidate will have cash handling responsibilities. YES NO
9. Position requires the candidate to be fingerprinted as mandatory by law. YES NO

If you answer "YES" to either of the above statements, please submit appropriate [Background Check Package](#) via the Chargeback system. NOTE: A CANDIDATE MAY NOT BEGIN UNTIL THE BACKGROUND CHECK HAS BEEN CLEARED BY HUMAN RESOURCES.

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:** _____

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. **All volunteers must also complete the [CANRA Limited Acknowledgment Form](#).**

Signature of CSUN Volunteer: _____ Print Name: _____ Date: _____

Approval of Dept. Chair/1st Level MPP _____ Print Name: _____ Date: _____

HR USE ONLY – Alternate ID: _____