

## VOLUNTEER IDENTIFICATION FORM

### VOLUNTEER INFORMATION

Volunteer's Name (Last, First, Middle Initial)

Street Address

City

State

Zip Code

Phone Number:

( )

Are you under the age of 18? ☐ Yes ☐ No

If yes, please provide your date of birth:

(Mo/Day/Year) / /

Are you receiving academic credit for volunteering?

☐ Yes ☐ No

Are you a CPP: ☐ Student ☐ Staff ☐ Faculty ☐ No Affiliation

### EMERGENCY CONTACT INFORMATION

Emergency Contact Name:

(Relationship)

Emergency Contact Phone #:

( )

### DESCRIPTION OF VOLUNTEER SERVICE

Campus Department:

Supervisor's Name (Please print):

Supervisor's Contact Information:

Ext.:

Email

Volunteer Start Date (Mo/Day/Year): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Volunteer Termination/End Date (Mo/Day/Year): **NOT to Exceed 1 Year**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Assignments and Summary of Duties:

Need to drive a vehicle on University business? ☐ Yes ☐ No

Need to travel on University business? ☐ Yes ☐ No

**REQUIRED MANDATED REPORTER:** ALL CSU Volunteers are designated as Mandated Reporters for the California Child Abuse and Neglect Reporting Act, CANRA. **The Limited Reporter form (Attachment C)** <http://www.calstate.edu/eo/EO-1083-rev-7-21-17-Attachment-C.pdf> **must be signed and attached to this Volunteer Form prior to beginning volunteer service.** Completed, signed forms are retained in the College or Department Office for 4 years from last date of service. Forms may be saved electronically.

**BACKGROUND CHECKS:** Will Volunteer have regular and/or direct contact with minors? ☐ Yes ☐ No

If yes, Background Check will likely be required. See Risk Management, [Volunteers](http://www.cpp.edu/~rms/risk-insurance/volunteers.shtml) website <http://www.cpp.edu/~rms/risk-insurance/volunteers.shtml> for further instruction.

**If a background check is required, the process must be completed and reviewed/approved prior to beginning volunteer service.**

### ACKNOWLEDGEMENT

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. I understand and acknowledge that all CSU Volunteers are Mandated Reporters and are required to sign the Mandated Reporter form.

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor or Department Chair's Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
College Dean or HEERA Manager's Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date