

CSUSB VOLUNTEER IDENTIFICATION FORM

Name: _____
Last First Middle

Date of Birth: _____
Month/Day/Year

Address: _____
Street, Apt. #

City, State Zip

Phone Number: () _____
Area Code/Phone #

Emergency Contact: _____ () _____
Name Area Code/Phone #

Department: _____

Supervisor's Name: _____ () _____
Area Code/Phone #

Volunteer Dates: _____
Start Date Termination Date

Assignment and Summary of Duties: _____

1. Need to drive a vehicle on university business? Yes ___ No ___
2. Need to travel on university business? Yes ___ No ___

If yes to 1 and/or 2 above, please provide social security number: _____

Are you receiving academic credit for volunteering? Yes ___ No ___
Are you a university student or staff or faculty member? 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 CSU Volunteer

Date

Signature of Supervisor

Date

Campus Approval

Date