

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

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

**BACKGROUND CHECK/LIVESCAN REQUIREMENT:**

7. Is this position considered "sensitive"?                      YES                      NO  
     *(If YES, please submit [Background Check Request Form](#). NOTE: Candidate CANNOT begin volunteer work until background check is complete.)*

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

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

**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.

Signature of CSUN Volunteer: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

HR USE ONLY – Alternate ID: \_\_\_\_\_