

Instructions: This form is used to establish appointments of volunteer faculty and staff, including the acceptance of the appointment by the volunteer. When the form is completed thoroughly and approved by the Dean or appropriate Administrator, the form must be submitted to HRM **prior to performing any work or services.** If you have questions regarding the use of this form, call HRM at (323) 343-3668. Please print legibly or type the information. If the volunteer is a minor, please call HRM to determine appropriate restrictions.

If this individual has not previously volunteered at CSULA, please attach curriculum vitae or resume that shows name, address, phone number, education and work experience.

Name: _____ Phone: _____
 Last Name First Name Middle Name

Address: _____
 Number & Street City State Zip Code

Campus ID Number (if applicable): _____

Emergency Contact: _____ Relationship: _____ Phone: _____

Are you under the age of 18? Yes No If yes, please indicate your date of birth: _____

- 1. Need to drive a vehicle on University business? ** Yes No
- 2. Need to travel on University business? ** Yes No
- 3. Are you a University student or staff or faculty member? Yes No
- 4. Are you receiving academic credit for volunteering? Yes No

**If Yes to 1 and/or 2 above, please provide your Social Security Number and attach a copy of your valid Driver's License.

Social Security Number: _____ "The Federal Privacy Act of 1974 requires that you be notified that disclosure of your Social Security number on this form is voluntary unless you indicate below that you are driving or traveling on University business. The Social Security number will be used to verify your identity within the University's academic planning record-keeping procedures, which were established prior to January 1, 1975."

Department: _____ Unit: _____ Dates: _____ to _____

Proposed Assignment for Staff/Student Volunteer Only

Summary of Duties: _____

Supervisor's Name: _____ Extension: _____

Appropriate Administrator Signature: _____ Date: _____

Proposed Assignment for Faculty Volunteer Only

- 1. Volunteer Instructor? Yes No Course/ Section: _____ WTU: _____
 Course/ Section: _____ WTU: _____
 Course/ Section: _____ WTU: _____

OR

- 2. Volunteer Faculty Researcher? Yes No
- Brief description of volunteer research responsibilities: _____

Department Chair's Signature _____ Date _____ Dean's Signature _____ Date _____

This is to acknowledge that I desire to volunteer my services, performing duties similar with those listed above and that services rendered by me will be at the direction of the above named supervisor. I understand that I will not be compensated for these services. As a volunteer, I acknowledge that I am considered a limited reporter under the California Child Care and Neglect Reporting Act.

Signature of CSULA Volunteer _____ Date _____

HRM (for staff-related services) _____ Date _____

HRM Use Only: Assigned PeopleSoft ID: _____