

# CSULA VOLUNTEER FACULTY IDENTIFICATION FORM

Name: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_\_  
Month/Day/Year Social Security #

Address: \_\_\_\_\_  
Street, Apt. # City Zip

Phone Number: (\_\_\_\_\_)\_\_\_\_\_  
Area Code/Phone #

Emergency Contact: \_\_\_\_\_  
Name (Please Print) Area Code/Phone

Department: \_\_\_\_\_ 3/\_\_\_\_\_  
Extension Reporting Unit #: \_\_\_\_\_

Department Chair's Name: \_\_\_\_\_  
Please Print Signature of Department Chair

Volunteer Dates: \_\_\_\_\_  
Start Date Termination Date

## Assignment:

1. Volunteer Instructor? Yes  No   
2. Volunteer Faculty Researcher? Yes  No

## Summary of Duties:

Course/Section/WTU: \_\_\_\_\_

Course/Section/WTU: \_\_\_\_\_

Course/Section/WTU: \_\_\_\_\_

**OR**

Brief description of volunteer research responsibilities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1. Need to drive a vehicle on university business? Yes  No   
2. Need to travel on university business? Yes  No   
3. Are you otherwise employed on campus? Yes  No   
4. Are you receiving academic credit for volunteering? 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 Department Chair. I will not be compensated for these services. Further, I understand that I serve at the pleasure of the Dean or other appropriate administrator.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approval of College Dean or other appropriate administrator

\_\_\_\_\_  
Date