CAL STATE LA
CALIFORNIA STATE UNIVERSITY, LOS ANGELES

Volunteer Appointment

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 Cal State LA, please attach curriculum vitae or resume that shows name, address, phone number, education and work experience.

Name: _____ _____ _____
Last First Middle

Campus ID Number (if applicable): _____ Phone Number: (____) _____-_____

Emergency Contact: _____ Phone Number: (____) _____ -_____

Are you under the age of 18? _____ 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: _____ Code: 0051 Dates: _____ to _____

Proposed Assignment for Staff Volunteer Only

Summary of Duties: _____

_____

Supervisor's Name: _____ Extension: _____

Proposed Assignment for Faculty Volunteer Only

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

Assignment: Course/ Section: _____ WTU: _____
Course/ Section: _____ WTU: _____
Course/ Section: _____ WTU: _____ **OR**

Brief description of volunteer research responsibilities**:** _____

_____

Review and Approval: (no commitment can be made until action is approved by the appropriate Administrator)

_____ _____ _____ _____
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.

_____ _____ _____ _____
Signature of Cal State LA Volunteer Date Appropriate Administrator Date

_____ _____
Human Resources (for staff-related services) Date

HRM Use Only: Assigned PeopleSoft ID:_____ Record #____