# VOLUNTEER EMPLOYEE FORM

CSU, Chico

Last Name _____ First Name _____ Middle Initial _____

Must be 18 years or older

Date of Birth _____

Street Address _____ City _____ State _____ Zip _____

( ) _____

Phone Number

Emergency Contact _____ ( ) _____

Phone Number

Department _____ Department ID _____ SCO Unit _____

Volunteer Start Date _____ Volunteer End Date _____

Supervisor Name: _____

Assignment and Summary of Duties _____

Required to drive on University Business? ☐ Yes ☐ No

Required to travel on University Business? ☐ Yes ☐ No

If Yes, please provide social security number: _____

Are you receiving credit for volunteering? ☐ Yes ☐ No

Are you currently a CSU, Chico Employee? ☐ Yes ☐ No

If yes, provide the following:

Position _____ Department _____ Time Base _____

Are you volunteering in a field that requires a license or certificate? ☐ Yes ☐ No

If yes, do you have the required license or certificate? ☐ Yes ☐ No

This is to acknowledge that I am volunteering 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.

Volunteer Signature _____ Date _____

Administrator _____ Administrator's Signature _____ Date _____

I have verified that this individual is not a current CSU, Chico employee.

Customer Service Representative _____ Date _____

I have verified that the duties being performed by this employee are different in nature than their primary employment.

Human Resources Manager _____ Date _____

CMS Date