



CSU, CHICO RESEARCH FOUNDATION
VOLUNTEER INFORMATION FORM

Volunteers provide essential services to many of the Foundation's Projects and Agencies and we wish to welcome you as valued members of the campus community.

The Foundation needs to have information available concerning your volunteer activities. This includes information regarding who to contact in case of emergency, the kind of service you are performing, and the number of hours you volunteer. This form will allow you to identify your "Emergency Contact" and the kind of service you perform. In addition, you will receive a "Volunteer Time Record" sheet on which you may keep track of the hours you work. We ask that you record your hours and return the time record sheet to your supervisor at the end of your appointment, or, if you are an on-going volunteer, at the end of each quarter.

On behalf of the CSU, Chico Research Foundation, I would like to thank you for your cooperation and hope that you find your volunteer services to the University community very rewarding.

Karen Finley, Human Resources Director

Form with fields for Volunteer's Name, Home Phone, Email Address, Current Address (Street), City, State, Zip Code, Permanent Address (Street), City, State, Zip Code, Emergency Contact Person (Name), Relationship, Contact Phone, Contact Address (Street), City, State, Zip Code.

Are you a current employee of CSU, Chico, or the CSU, Chico Research Foundation? Yes No
If yes, who is the employer and where do you work?

This is to certify that I desire to volunteer my services and acknowledge that I will not be compensated for these services. I also understand that as a volunteer I perform services at my own risk and am not covered under employee benefit programs including workers' compensation. Further, I understand that I serve at the pleasure of my Project Director/Supervisor.

Description of Duties of Volunteer
Projected Hours of Service per Week

Will the volunteer be required to drive as part of their responsibilities? No Yes (If yes, refer to Vehicle Usage Policy and Driver Certification forms at www.csuchico.edu/rfdn.

(Volunteer's Signature) (Date)
(Project Director's Signature) (Date)
(Project Name) (Project Number)

Sponsored Programs Signature Date Foundation HR Signature Date