

CSUN VOLUNTEER IDENTIFICATION FORM

PLEASE PRINT

Name: _____			
<i>Last</i>	<i>First</i>	<i>Middle</i>	
Date of Birth: _____		Phone Number: _____	
<i>Month/Day/Year</i>			
Address: _____			
<i>Street, Apt. #</i>		<i>City, State</i>	<i>Zip</i>
Emergency Contact: _____		Emergency Phone: _____	
Department: _____			
Supervisor's Name: _____		Phone/Ext: _____	
Volunteer Dates: _____			
<i>Start Date</i>		<i>End Date</i>	
Assignment and Summary of Duties: _____			
Is a professional license or certificate required to perform these duties? <i>If yes, please provide a copy of the required document</i>		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Will you need to drive a vehicle on university business? <i>If yes, please provide drivers license number and expiration date:</i>		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Attach a copy of CA Drivers License and proof of insurance to this form (Complete STD 261 "Authorization to Use Privately Owned Vehicle on State Business")			
Need to travel on university business?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you receiving academic credit for volunteering?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you a University student, staff, or faculty member?		Yes <input type="checkbox"/>	No <input type="checkbox"/>

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 supervisor or his/her designee. I understand and accept that I will not be compensated for volunteer service. Further, I understand that I serve at the pleasure of my supervisor.

Confidentiality of Records: Information contained in Student, Financial, and Human Resource records for CSUN students, employees, volunteers, alumni, and certain financial records must be maintained in a confidential manner at all times. As a volunteer of an office that has access to records in computer information systems or any other source, you are required to maintain this information in a confidential manner. The unauthorized access to, modification, deletion, or disclosure of information in any such system may compromise the integrity of the system or otherwise violate individual rights of privacy and/or constitute a criminal act. Distribution and/or reproduction of any record or information outside the intended and approved use is strictly prohibited. Illegal access or misuse of this information is punishable by fine and/or imprisonment. Further, university computer systems are for the use of authorized users only.

I acknowledge and agree to the above Confidentiality requirements. _____
Initials

Signature of CSUN Volunteer

Date

Approval of Department Chair or Supervisor

Date

HR Use Only: Alternate ID _____

Form to be retained in The Office of Human Resource, California State University, Northridge