 VOLUNTEER IDENTIFICATION FORM HR – V1

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| **DEFINITION**: A volunteer is an individual who performs work or provides services to the University **without remuneration of any kind**. Volunteers must meet any license requirements and CSU requirements for defensive driver training and a good driving record in order to operate any vehicle on University business for their assignments. The University’s workers’ compensation and liability coverage programs may cover volunteers.  **All forms must be on file prior to the effective date of the volunteer assignment.**  ALL Volunteers MUST also complete the appropriate Mandated Reporter Acknowledgment  [Mandated Reporter Acknowledgment Form](https://afd.calpoly.edu/ehs/docs/limited_reporter_acknowledgement_volunteer.pdf)  **Turn in completed forms to Environmental Health and Safety, Building 80**  **Incomplete forms will not be accepted** and will be returned to the department. | | | | | | | | | | | | | |
| Section I: Position Information to be Completed By Department (type or print legibly) | | | | | | | | | | | | | |
| College/Division: | Department: | | | | | Supervisor Name / Title: | | | | | | Supervisor Ext:  6- | |
| Volunteer Name (Last, First, MI): | Volunteer Job Title: | | | | | | Effective Date: | | End of Assignment: | | | |
| Volunteer Status:  Current Cal Poly Employee:  ASI  Corporation  State  Cal Poly Student (***not*** being paid for this assignment)  Community Member | | | | | | | | | | | | | |
| Summary of Duties (Duties of the volunteer assignment must not coincide with any non-exempt Cal Poly position the person may currently hold.): | | | | | | | | | | | | | |
| Will the volunteer be listed as the “Instructor of Record” on the Schedule of Classes? NO YES List course(s) to be taught:   * If yes, completion of the [“” form](http://www.academic-personnel.calpoly.edu/pdf/ap101.doc) is also required - contact Academic Personnel (6-2844) for additional instructions.     Volunteers not identified above as the “Instructor of Record” who need access to Cal Poly’s information and technology resources must complete the [Affiliated Person Account Request Form](http://www.servicedesk.calpoly.edu/forms/pdf/affiliated_person_request_form.pdf) and adhere to its [written agreement](http://www.security.calpoly.edu/what_employees/conf_sec_agree_affiliate.htm). | | | | | | | | | | | | | |
| Is a Professional License or Certificate required to perform these duties?:  NO  YES List: | | | | | | | | | | | | | |
| Fingerprinting / Background required:  NO  YES (If yes, contact Human Resources (6-2236) for process information) | | | | | | | | | | | | | |
| Temporary ID Card authorization:  NO  YES (for Community Members *only*) [*Who is eligible for a PolyCard?*](http://www.polycard.calpoly.edu/obtaining.html) | | | | | | | | | | | | | |
| Will the volunteer drive a State vehicle on University business?  NO  YES (complete the “” form)  Will the volunteer drive a personal vehicle on University business?  NO  YES (complete both the “” ***and*** the “”forms)  Will the volunteer travel on University business?  NO  YES (may be entitled reimbursement per the ) | | | | | | | | | | | | | |
| Is the volunteer over the age of 18?  YES  NO (If no, must comply with provisions below and provide date of birth (MM/DD/YYYY):       )   * Minors ***must*** obtain certificates of age or permits to work *prior* to the appointment date and . * Minors performing delivery work ***must*** do so by foot, bicycle and public transportation. * Minors may ***NOT*** work in occupations that involve power machinery, kitchen work, and certain work in connection with the maintenance of cars, trucks, machines or equipment, or work in warehouses. | | | | | | | | | | | | | |
| Section II: Information to be Completed By Volunteer | | | | | | | | | | | | | |
| Preferred Name (Last, First, MI): | | Telephone Number: | | Address: | | | | City: | | | State / Zip | | |
| Emergency Contact (Last, First, MI): | | Telephone Number: | | Address: | | | | City: | | | State / Zip | | |
| Are you receiving academic credit\* for volunteering?  NO  YES List course: | | | | | | | | | | | | | |
| \* Students enrolled in CSU Nursing, Allied Health, Social Work, or Education credential programs are typically covered by the Student Professional Liability Insurance Program. | | | | | | | | | | | | | |
| **Volunteer Acceptance Statement and Signature:** This is to acknowledge that I desire to volunteer my services, performing the duties listed above, and that those services rendered by me will be at the direction of the above named supervisor and will not coincide with any non-exempt Cal Poly position that I hold. I understand that I will not be compensated for these services. Further, I acknowledge that I serve at the pleasure of my supervisor.  *Signature of Volunteer*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | |
| Section III: Signature Authority | | | | | | | | | | | | | |
| Department Head / Designee on file (Print): | | | | | Dean / Division Head / Designee on file (Print): | | | | | | | | |
| Signature: | | | Date: | | Signature: | | | | | Date: | | | |