

Volunteer Identification Form



HR – V1

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. Volunteers may be covered by the University’s workers’ compensation and liability coverage programs. **All forms must be on file prior to the effective date of the volunteer assignment.**

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: <i>(V1 form needed for each fiscal year)</i>	End of Assignment: <i>(duration NOT to overlap fiscal years)</i>

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 “AP101” form 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 and adhere to its written agreement.

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?

Will the volunteer drive a State vehicle on University business? NO YES (complete the “Request to Operate Vehicles” form)

Will the volunteer drive a personal vehicle on University business? NO YES (complete both the “Authorization To Use Private Vehicle” *and* the “Request to Operate Vehicles” forms)

Will the volunteer travel on University business? NO YES (may be entitled reimbursement per the Travel Guidelines)

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 work hour limitation apply .
- 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: _____

Have you ever been convicted of a misdemeanor or felony as an adult? NO YES

If yes, please list circumstance(s) and date(s): _____

* 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:

Turn in the completed form to Environmental Health and Safety, Building 80

This document contains Level 1 information. Please handle accordingly.

Incomplete forms will not be accepted and will be returned to the department.

Record of Training

I _____ have been trained for this task _____. By signing this document, I am confirming that I have received adequate training to perform this task.

Sign here: _____