

# Volunteer Identification Form

After obtaining the appropriate signatures below, please return to **Risk Management, SBS 311.**

<hr/> <b>Last Name</b>	<hr/> <b>First Name</b>	<hr/> <b>Middle Initial</b>
<hr/> <b>Street Address</b>	<hr/> <b>Apt #</b>	<hr/> <b>City</b>
<hr/> <b>Phone Number</b>	<hr/> <b>Email</b>	
<hr/> <b>Emergency Contact</b>		<hr/> <b>Phone Number</b>
<hr/> <b>Department Chair/Supervisor Name</b>		<hr/> <b>Phone Number</b>
<hr/> <b>Department</b>		<hr/> <b>E-mail</b>

<hr/> <b>Volunteer Start Date</b>	<hr/> <b>Termination Date</b>
<b>Volunteer agreement will remain in effect for maximum one year from date signed by campus personnel.</b>	

**Assignment and Summary of Duties**

1. Need to drive a vehicle on university business?  Yes  No
2. Need to travel on university business?  Yes  No
3. Working with minors (under the age of 18)?  Yes  No
4. Access to level one data?  Yes  No
5. Is this a sensitive position per CSU [HR2015-08](#)  Yes  No **If yes, please contact HR**

Are you receiving academic credit for volunteering?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently an HSU student, staff or faculty member?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you <u>under</u> the age of 18?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you are <u>under</u> the age of 18, please provide date of birth: _____		

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. I will not be compensated for these services. Further, I understand that I serve at the pleasure of my supervisor.

<hr/> <b>Signature of HSU Volunteer</b>	<hr/> <b>Date</b>
<hr/> <b>Academic Department Chair (Academic Programs Only)</b>	<hr/> <b>Date</b>
<hr/> <b>Approval of Campus Personnel (Manager, Director, Dean or Vice President)</b>	<hr/> <b>Date</b>

Office Use Only

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**Risk Management**

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**APSHR**