

ARE YOU ELIGIBLE FOR VOLUNTEERING? Before you continue, verify if you are:

Receiving academic or internship credit? YES NO Receiving pay or any other compensation? YES NO
 Receiving credit for a certification? YES NO A current contractor or consultant with Sacramento State? YES NO

If "yes" to any question, you do not meet the volunteer criteria and cannot serve as a volunteer. If "no," please continue.

Submit completed form to HR/Employment Services · Del Norte Hall suite 3009, campus zip 6032 · (916) 278-6326

ALLOW UP TO 10 BUSINESS DAYS TO PROCESS OR LONGER IF A BACKGROUND CHECK IS REQUIRED

FORMS SUBMITTED WITH ELAPSED END DATES WILL NOT BE ACCEPTED

APPLICANT INFORMATION

Current status: No Affiliation Faculty or Staff Student CalPERS Annuitant & Agency Name _____

Last Name: _____ First Name: _____ MI: _____

Sac State/EMPL ID #: _____ **OR** *Social Security #: _____ *Date of Birth: _____
 (mm/dd/yyyy)

*A Social Security number and Date of Birth are optional if the applicant has a previously established record. For new volunteers, a Social Security number and Date of Birth are necessary to verify identity and document participation to comply with risk management/liability requirements.

Address: _____
Street City Zip Code

Phone: _____ Email: _____

Emergency Contact: _____ Phone: _____

VOLUNTEER ACKNOWLEDGEMENT

This is to acknowledge that I desire to volunteer my services and perform the duties listed below. I understand that services rendered by me will be at the direction of the named supervisor and/or designee and will not be compensated. Further, I understand that I serve at the discretion of my supervisor and/or designee.

Confidentiality of Records: I acknowledge that information contained in Student Financial and Human Resources records for Sacramento State students, employees, volunteers and alumni must be maintained in a confidential manner. I understand that as a volunteer of an office that has access to records in computer information systems or any other source, I am 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, I understand University computer systems are for the use of authorized use only. I acknowledge and agree to the preceding confidentiality.

I acknowledge that I cannot start volunteer duties until notified by Department Supervisor.

I have read and understand the [California State University Volunteer Policy](#)

Are you under the age of 18? NO YES – If YES, attach Parental Release Form

Volunteer Signature: _____ Date: _____

DEPARTMENT INFORMATION

Department:		Campus Zip:	
Supervisor Name:		Title:	
Campus Phone:		Campus Email:	
Start Date (mm/dd/yyyy):		End Date (mm/dd/yyyy):	

Assignment & Summary of Duties:

Is a professional license or certificate required? YES NO If YES, Specify:

While on University business, will the Volunteer:	<input type="checkbox"/> Travel	<input type="checkbox"/> N/A
	<input type="checkbox"/> Drive a vehicle (Attach copy of Driver's License / Defensive driving course required.)	

BACKGROUND REQUEST CHECKLIST - MUST BE COMPLETED BY SUPERVISOR

LIVE SCAN (FINGER PRINTING) REQUIREMENTS - WILL THE VOLUNTEER:

- YES NO Be in a sworn CSU Police Personnel Position (California Government Code §1029 and 1031)
- YES NO Be in a Police Officer Cadet Position (California Government Code §1029 and 1031)
- YES NO Be in a Police Dispatcher Position (Commission Regulation 1959)
- YES NO Be in direct contact with minor children at a camp operated by the CSU (Education Code §10911.5)
The CSU is clarifying that campuses may conduct a search of the sexual offender registry for volunteers who will have regular or direct contact with minors.
- YES NO Be in a position with access to stored criminal offender record information (11 CCR §703 and 11 CCR § 707)
- YES NO Be in a position with access to patients, drugs or medication (California Labor Code § 432.7)

BACKGROUND CHECK REQUIREMENTS – WILL THE VOLUNTEER:

- YES NO Be in a position with access to Level 1 Data (protected, private or sensitive information)

The background search must be concluded and the results reviewed and approved by HR prior to starting volunteer duties.

Supervisor Signature:		Date:	
Dean/Chair/Administrator Signature:		Date:	

INSTRUCTIONS: Submit completed form to HR/Employment Services, Del Norte Hall suite 3009, campus zip 6032. After review by HR, an email notification will be sent to the Supervisor advising them of the Volunteer's status. If approved, it is the Supervisor's responsibility to contact the Volunteer to start the assignment. Submitted forms are not returned, be sure to keep a copy for your records.

Human Resources ONLY

Designated HR Representative Review		Date:	
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CLASSIFICATION & COMPENSATION REVIEW (only for volunteers who are current employees):

<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	Initials of Class & Comp Analyst:	Date:	
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Reason for Denial:

