



SACRAMENTO
STATE

Volunteer Identification Form

Office of Human Resources / Phone 916-278-6211

INSTRUCTIONS: Please complete form and submit to classification and compensation at Campus Zip 6032 or hand deliver to Del Norte Hall 3rd floor Suite 3005

FAXED FORMS ARE NOT ACCEPTED AT THIS TIME

* REQUIRED FIELD

| Volunteer Information | | | |
|--|--------|---------|----------------------------------|
| *Last Name: _____ *First Name: _____ Middle Initial: _____ | | | |
| *Phone Number: _____ SacState/EMPL ID: _____ | | | |
| Are you a current Sacramento State: | | | |
| Faculty | Staff | Student | CalPERS Annuitant No Affiliation |
| *Are you under age 18? Yes No *Date of Birth: (mm/dd/yyyy) _____ | | | |
| *Social Security Number: _____ | | | |
| Mailing Address: _____ | | | |
| | Street | City | Zip Code |
| Permanent Address: _____ | | | |
| (If different from above) Street City Zip Code | | | |
| Email Address (optional): _____ | | | |
| Emergency Contact: _____ Phone Number: _____ | | | |
| Please answer the following questions as they relate to your volunteer position: | | | |
| Are you receiving credit for a certification? | | Yes | No |
| Are you receiving academic or internship credit? | | Yes | No |
| Are you receiving pay or any other compensation? | | Yes | No |
| Are you a current contractor or consultant with Sacramento State? | | Yes | No |
| Description of Volunteer Services- Department/College | | | |
| *Supervisor's Name: _____ Supervisor's Title: _____ | | | |
| *Supervisor's Phone Number: _____ *Department Name: _____ | | | |
| Email: _____ Campus Zip: _____ | | | |
| *Volunteer Dates: _____ through _____ | | | |
| Is a professional license or certificate required to perform the duties? (Specify: _____) | | Yes | No |
| Will the volunteer need to drive a University vehicle on University Business? (Defensive driving course required) | | Yes | No |

Volunteer is in a designated "sensitive assignment"
as defined within the Volunteer Guidelines and Process Manual
(Background Check Required)

Yes No

***Volunteer Duties:**

Volunteer Certification

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

*Signature: _____ *Date: _____

Approval (Signatures)

*Dean/Chair/Administrator Signature _____ *Date

HUMAN RESOURCES USE ONLY

Reviewed and recommended for service as a volunteer. _____
Initials of Class and Comp Analyst

Approved _____ Denied _____

Associate Vice President, Employee Services/Designee _____ Date

Entered by: _____ Date _____