SACRAMENTO STATE VOLUNTEER IDENTIFICATION FORM

PLEASE PRINT

Name: ________________________________  ________________________________  ________________________________
Last  First  Middle

Date of Birth: ________________________________
Month/Day/Year

Phone Number: ________________________________

Address: ________________________________  ________________________________  ________________________________
Street, Apt.#  City, State  Zip

Emergency Contact: ________________________________  ________________________________
Name  Area Code/Phone #

Department: ________________________________

Supervisor's Name: ________________________________  ________________________________
( )  Area Code/Phone #

Volunteer Dates: ________________________________  ________________________________
Start Date  End Date

Assignment and Summary of Duties:

Is a Professional license or certificate required to perform these duties?  Yes□  No□
If yes, please provide a copy of the required document

Will you need to drive a vehicle on University business?  Yes□  No□
If yes, please provide your drivers license number and expiration date:

Attach a copy of CA Drivers License and proof of insurance to this form drivers license# / expiration

Complete and attach STD 261 “Authorization to Use Privately Owned Vehicle on State Business”
Form can be obtained through your department or at http://www.rms.csus.edu/riskmanagement/drivingonbusiness.html

Will you need to travel on University business?  Yes□  No□

Are you receiving academic credit for volunteering?  Yes□  No□

Are you a University student, staff or faculty member?  Yes□  No□

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 or his/her designee. I understand and accept that I will not be compensated for volunteer services. Further, I understand that I serve at the pleasure of my supervisor.

Confidentiality of Records: I acknowledge that information contained in Student, Financial and Human Resource 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 users only.

I acknowledge and agree to the above Confidentiality

________________________  ________________________________
Initials  Date

Signature of Sacramento State Volunteer

Approval of Department Chair or Supervisor

Form to be retained in The Office of Human Resources/Payroll Department, California State University, Sacramento

Volunteer ID Form (REV 05/09)