

## The University Corporation San Francisco State

Room ADM 361 1600 Holloway Ave. San Francisco, CA 94132

ucorp.sfsu.edu

## **VOLUNTEER APPLICATION FORM**

Receiving pay or any	other compe	ensation: Y	ES N	0	Conti	ractoi	c / Cons	ultant with SFSU: YES	NO		
		If you answe	red yes to	either quest	ion, you	do not	t meet vol	unteer criteria.			
FIRST NAME		LAST NAME					FUND / PROJECT NUMBER				
STREET ADDRESS		CITY	I	STATE	ZIP	F	PRIMARY P	PHONE #			
DATE OF BIRTH S		SFSU UIN			EMAI	EMAIL ADDRESS					
SFSU AFFILIATION?		CHOOSE ONE	<u>:</u>								
NO YES						STAFF	FF STUDENT				
<b>EMERGENCY CON</b>	TACT										
NAME			ADDRESS					PRIMARY PHONE #			
							If you	complete Verification of Dr	ivar's Licansa of proof		
IS A DRIVER'S LICENSE	REQUIRED FOR	VOLUNTEE					complete Verification of Driver's License of proof omobile Insurance				
IS TRAVEL REQUIRED AS PART OF RESPONSIBILITIES REQUIRING REIMBURSEMENT: YES NO											
REQUIRED LICENSES,				EXPIRATION DA				ATE(S):			
CERTIFICATIONS, ETC:											
This is to acknowledge that I desire to volunteer my services and perform the duties listed above. I understand that services rendered by me will be at the direction of the named supervisor and/or designee and will not be compensated. Furthermore, I											
understand that I se				-			_	ind will not be compens	ated. Furthermore, i		
						_					
		_					-	eering must be maintai			
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.											
			or dution	ıntil natifia	d by Da	n a rtna	ont Cuno	micor			
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:		



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## **VOLUNTEER APPLICATION - DEPARTMENT/SUPERVISOR INFORMATION**

INSTRUCTIONS FOR SUPERVISORS: Submit completed Volunteer Application Forms to UCORP HR, ADM 361. 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, so be sure to keep a copy for your records. If you have any questions, contact Mark Angstman at angstman@sfsu.edu.

DEPARTMENT:	SUPERVISOR NAME:										
PHONE NUMBER:	EMAIL:										
START DATE:											
ASSIGNMENT & SUMMARY OF DUTIES: (attach additional sheet if needed)											
BACKGROUND REQUEST CHECKLIST - MUST BE COMPLETED BY SUPERVISOR* LIVE SCAN (FINGER PRINTING) REQUIREMENTS - WILL THE VOLUNTEER:											
Be in a sworn CSU Police Personnel Position		YES	NO								
Be in a Police Officer Cadet Position (Califo	rnia Government Co										
Be in direct contact with minor children at	YES	NO									
The CSU is clarifying that campuses may codirect contact with minors.	onduct a search of th	e sexual offender registry for v	olunteers who	will ha	ve regular or						
Be in a position with access to stored crimin	nal offender record i	CCR § 707) ?	YES	NO							
Be in a position with access to patients, dru	YES	NO									
BACKGROUND CHECK REQUIREMENTS – WILL THE VOLUNTEER:											
Be in a position with access to Level 1 Data	(protected, private or se	ensitive information, working with mino	ors)?	YES	NO						
The background check must be concluded and the results reviewed and approved by HR prior to start of volunteer.											
Supervisor Signature:	Date:										
Dean/Chair/Administrator Signature:		Date:									
HUMAN RESOURCES ONLY											
DESIGNATED HR RESRESENTATIVE REVIEW:			DATE:								
REASON FOR DENIAL:			1								

<sup>\*</sup>A background check (including criminal records check & fingerprinting) may need to be completed before any volunteer can be considered with the UCorp. Failure to complete the background check satisfactorily may affect the volunteer's status or current UCorp volunteers who apply for a position. There is a possibility that said volunteer may need to be a mandated reporter.