



California State University, Long Beach

Volunteer Identification Form

Last Name: _____ First Name: _____ Middle: _____

Date of Birth (Month/Day/Year): _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Emergency Contact: Name: _____ Phone: _____

Department: _____

Supervisor's Name _____ Phone: _____

Volunteer Start Date _____ Termination Date: _____

Description of Duties: For Teaching Volunteers include semester, course no., title, ticket number of units. Current CSU employees may volunteer their services without contemplation of pay provided such services are not similar or identical to those which the individual is employed to perform for the CSU (any department or campus).

Assignment and Summary of Duties

- 1. Need to drive vehicle on university business? **YES** **NO**
- 2. Need to travel on university business? **YES** **NO**

If **YES** to 1 and/or 2 above, please provide Social Security Number _____

Are you receiving academic credit for volunteering? **YES** **NO**

Are you a University student or 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. I will not be compensated for these services. Further, I understand that I serve at the discretion of my supervisor.

Signature of CSU Volunteer _____ Date _____

Dean/Director/Designee _____ Date _____

Faculty Affairs _____ Date _____

(Teaching appointments only)