

CAL POLY POMONA

VOLUNTEER IDENTIFICATION FORM

VOLUNTEER INFORMATION

Volunteer's Name (Last, First, Middle Initial)

Street Address

City

State Zip Code

Phone Number:

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Are you under the age of 18? Yes No

If yes, please provide your date of birth:

(Mo/Day/Year) / /

Are you receiving academic credit for volunteering?

Yes No

Are you a CPP: Student Staff Faculty No Affiliation

EMERGENCY CONTACT INFORMATION

Emergency Contact Name:

(Relationship)

Emergency Contact Phone #:

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DESCRIPTION OF VOLUNTEER SERVICE

Campus Department:

L.C.R.S.

Supervisor's Name (Please print):

Jillian Gomez

Supervisor's Contact Information:

Ext.: 5143 Email jiliangomez@cpp.edu

Volunteer Start Date (Mo/Day/Year): ___/___/___

Volunteer Termination/End Date (Mo/Day/Year): NOT to Exceed 1 Year

___/___/___

Assignments and Summary of Duties:

Site work

Need to drive a vehicle on University business? Yes No

Need to travel on University business? Yes No

REQUIRED MANDATED REPORTER: ALL CSU Volunteers are designated as Mandated Reporters for the California Child Abuse and Neglect Reporting Act, CANRA. **The Limited Reporter form** (Attachment C) <http://www.calstate.edu/eo/EO-1083-rev-7-21-17-Attachment-C.pdf> **must be signed and attached to this Volunteer Form prior to beginning volunteer service.** Completed, signed forms are retained in the College or Department Office for 4 years from last date of service. Forms may be saved electronically.

BACKGROUND CHECKS: Will Volunteer have regular and/or direct contact with minors? Yes No

If yes, Background Check will likely be required. See Risk Management, Volunteers website <http://www.cpp.edu/~rms/risk-insurance/volunteers.shtml> for further instruction.

If a background check is required, the process must be completed and reviewed/approved prior to beginning volunteer service.

ACKNOWLEDGEMENT

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 pleasure of my supervisor. I understand and acknowledge that all CSU Volunteers are Mandated Reporters and are required to sign the Mandated Reporter form.

Signature of Volunteer

Date

Supervisor or Department Chair's Signature

Print Name

Date

College Dean or HEERA Manager's Signature

Print Name

Date