

Please print clearly, in pen. All fields must be filled out. Completed forms must be received in the Human Resources office 1 week prior to appointment to allow for processing. Incomplete or late forms will be returned to the department.

**APPLICANT INFORMATION**

Campus ID #: \_\_\_\_\_

Full Name: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_ *City State ZIP Code*

Home Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Are You Under the Age of 18?  YES  NO If "YES" Provide Birthdate: \_\_\_\_\_

**DEPARTMENT INFORMATION**

Department: \_\_\_\_\_

Effective Start Date: \_\_\_\_\_ End Date (NOT TO EXCEED 1 YEAR): \_\_\_\_\_

Supervisor: \_\_\_\_\_ Campus Phone: ( ) \_\_\_\_\_

Assignment Duties: \_\_\_\_\_  
\_\_\_\_\_

Will Volunteer be traveling on university business?  YES  NO

Will the Volunteer need to drive a vehicle on university business?  YES  NO

**If one or more of following questions are marked "Yes" a background check will be required:**

Will the volunteer be responsible for the care, safety, and security of people (including children and minors), animals, and CSU Property? Those persons who perform work involving regular or direct contact with minor children and those who are identified as mandated reporters or child abuse and neglect under Executive Order 1083 and California Penal Code §11165.7(a).  YES  NO

Will the volunteer have the authority to commit financial resources of the university through contracts greater than \$10,000?  YES  NO

Will the volunteer have access to, or control over cash, checks, credit cards, and/or Credit Check credit card account information?    YES    NO

Will the volunteer be responsible or have access to or possession of building master or sub-master keys for building access?    YES    NO

Will the volunteer have access to controlled or hazardous substances?    YES    NO

Will the volunteer have access to and responsibility for detailed personally identifiable information about students, faculty, staff, or alumni that is protected, personal or sensitive?    YES    NO

Will the volunteer have control over campus business processes, either through functional roles or system security access?    YES    NO

Will the volunteer have responsibilities that require him/her to possess a license, degree, credential or other certification in order to perform the job?    YES    NO

Will the volunteer be responsible for operating commercial vehicles, machinery or equipment that could pose environmental hazards or cause injury, illness or death?    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. I hereby authorize CSU Fresno to conduct a background check if applicable (for more information regarding the CSU background check policy please visit our website at [www.csufresno.edu/hr](http://www.csufresno.edu/hr)). Further, I understand that I serve at the pleasure of my supervisor and can be terminated from my volunteer position at any time.

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dept. Head or Dean Signature: \_\_\_\_\_ Date: \_\_\_\_\_