

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 and attach Parental Release Form: _____

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. If applicable, I hereby authorize and request any law enforcement agency, or other persons having personal knowledge about me, to furnish California State University (CSU) Fresno or its authorized agent with information regarding criminal convictions or other information in their possession regarding me in connection with my volunteer role in a sensitive assignment. I agree that a photocopy of this information can be furnished to the CSU, and that it will have the same authority and authenticity as the original (for more information regarding the CSU background check policy please visit our website at 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: _____

STATE PRIVACY NOTICE

The State of California Information Practices Act of 1977 (effective July 1, 1978) requires the CSU to provide the following information to individuals who are asked to supply information about themselves:

- The principle purpose for requesting and collecting the personal information on this form is to conduct background checks. CSU policy and federal statute authorize the maintenance of this information.
- Furnishing all information requested on this form is mandatory.
- The personal information will be kept confidential and used only in accordance with applicable laws.
- The personal information will be given to government enforcement agencies if these agencies request such information, or as otherwise required by law.
- Information Practices Act Notice (Civil Code § 1798.17)

•This information is being requested by CSU Fresno. CSU Fresno is authorized to maintain this information pursuant to Education Code §§ 89500, 89535. Submission of the information requested on this form is mandatory. Failure to provide the requested information will mean that you will be ineligible for the position you are seeking. The principal purpose for which this information is to be used is to assist the University in evaluating your eligibility, qualifications, and suitability for the position you are seeking. You have a right of access to records containing personal information maintained by CSU Fresno. The name, business address and telephone number of the person at CSU Fresno who is responsible for maintaining the requested information and will be able to inform you of the location of this information is: James Young, CSU Fresno Department of Human Resources, 4150 N. Maple, Fresno CA 93740, 559-278-2032.

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To be completed and signed by parent/guardian of volunteer if volunteer is under 18 years of age

Event/Activity: _____ Date: _____

Volunteer Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Health & Accident Insurance Contact: _____ Policy #: _____

Emergency Contact: _____ Phone: () _____

I, _____, being the parent or legal guardian of _____
(the "Minor) hereby consent to and authorize the Minor to act as a volunteer for California State University (CSU) Fresno.

I acknowledge and agree that activities performed by the minor as a volunteer will be performed strictly on a voluntary basis, without any pay, compensation, or benefits. I agree and understand that the Minor must comply with the rules and regulations established from time to time by the CSU and that failure to do so may result in the Minor's immediate removal as a volunteer.

I am aware of the nature of the activities to be performed by the Minor as a volunteer. I agree that all volunteer activities are to be performed by the Minor at the Minor's risk and I assume full responsibility therefore.

On behalf of myself, the Minor, and our respective heirs and personal representatives, I agree to indemnify and hold the State of California, the Trustees of the California State University, CSU Fresno and all of its officers, employees, representatives and volunteers free and harmless from and against all claims, damages, losses and expenses, including attorney fees, that my minor child may sustain while participating in the volunteer activity. I hereby release and discharge the CSU and the Trustees of CSU Fresno and all of its officers, employees, representatives and volunteers from any and all claims, demands, causes of action of any nature or cause, for any such injury or damage incurred or suffered by the Minor.

Parent/Legal Guardian Signature

I have carefully read this agreement, waiver and release and fully understand its contents. I am aware that this is a release of liability and a contract between CSU Fresno and myself and I sign it of my own free will.

Print Full Name: _____

Signature: _____

Date: _____