

Volunteer Form

- This form is to be used for all volunteers, including current faculty, staff or students, performing academic duties through Continuing and Global Education. A Volunteer may provide a wide array of services. The following list is for the purposes of illustration, and should not be considered all-inclusive.
 - o classroom teaching or other professional responsibilities
 - o participation in departmental seminars and related instructional and scholarly activities
 - o other mutually agreed upon activities such as teaching supervision, instructional preparation or instructional design.
- The Unit 3 and Unit 11 Collective Bargaining Agreements contain **no provisions for paid overloads**. Faculty must either accept the overload as a voluntary assignment or decline the additional work.
- University staff employees represented by other bargaining units may be subject to certain contractual restrictions. Consult with the Office of Human Resources before the commencement of the voluntary work. Both staff employees and MPPs considering a voluntary assignment must consult with their appropriate supervisor or administrative superior well in advance. While such contributed services are *voluntary*, they may not conflict with the employee's primary job responsibilities, work schedule, or other institutional obligations.
- By signing this form, you release Continuing and Global Education from providing compensation associated with the duties described below.

Name: _____ Fresno State ID: _____

Dates of Voluntary Service: Start: _____ End: _____

Course/Title: _____ Class #: _____

Meeting Times: _____

Other non-instructional responsibilities: _____

Volunteer Employee: *This is to acknowledge that I desire to volunteer my service. I understand that I will not receive any additional compensation for this voluntary service from the Division of Continuing and Global Education. I also understand that as an employee the duties described above are in excess of my normal full-time assignment. A copy of the volunteer policy, APM 31, is located at <http://www.fresnostate.edu/academics/facultyaffairs/documents/apm/310.pdf>.*

I also acknowledge that I must adhere to all academic and campus policies.

Signature of Employee _____ Date _____

PLEASE RETURN THIS FORM TO CONTINUING AND GLOBAL EDUCATION

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