



AUTHORIZATION FROM HUMAN RESOURCES REQUIRED PRIOR TO COMMENCING WORK

Volunteer Information
Name: SFSU/EMPL ID#:
Are you an SFSU: Faculty Staff Student CalPERS Annuitant No Affiliation
Are you under age 18? YES NO Date of Birth: Email:
Address: Street, Apt # City, State Zip Code
Home Phone#: Mobile:
Emergency Contact
Name: Home Phone#: Mobile:
Address: Street, Apt # City, State Zip Code

Description of Volunteer Services
Department: Prepared By: Ext:
Supervisor: Ext: Email:
Dates of Service: Begin: End:
Description of Essential Functions:
Campus Community Member Request (This section to be completed for Faculty Volunteer and Visiting Scholar Request)
1. Is this for a Faculty Member? YES NO | If YES: Type - Volunteer Faculty OR Visiting Scholar
2. Has a background check been submitted? YES NO
Are any Licenses or Certifications required to provide these services? YES NO
\*If Yes, list with expiration and attach copy.
Volunteers of any type are not permitted to drive on University business. Is the volunteer to receive reimbursement (i.e. bus/taxi fair, etc.) for University related travel expenses? YES NO
\*If Yes, please provide volunteers Social Security Number:

Volunteer Certification
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: Date:

Approval (Signatures)
Dean/Director/Administrator Signature Date

Human Resources USE ONLY
Reviewed and Recommended for service as a volunteer. Initials of HR Director/Manager
Approved Denied
AVP Human Resources, Signature: Date: