

AUTHORIZATION FROM HUMAN RESOURCES REQUIRED PRIOR TO COMMENCING WORK

Volunteer Information					
			SFSU/EMPL ID#:		
Are you an SFSU: Staff Student No Affiliation			External Email Address:		
Are you under the age of 18? YES NO Date of Birth (mm/dd/yyyy):					
Address:					
Street, Apt#		City, State		Zip Code	
Home Phone:	Mobile:			,	
Emergency Contact					
Name:	Home Phone:		Mobile:	Mobile:	
Address:					
Street, Apt#	City, State			Zip Code	
Description of Voluntary Compies					
Description of Volunteer Services Department: Prepared By: Ext:					
Department:	·	-	l.	Ext:	
Supervisor:	Ext:	Emai	1		
Effective Date (one year max) Begin (mm/dd/yyyy): End (mm/dd/yyyy):					
Will the volunteer be working directly or interacting with Minors?: ☐ Yes ☐ No					
*If Yes, they will be required to complete Livescan at the University Police Department and reviewed					
Description of Essential Functions:					
Are any Licenses or Certifications required to provide these services? ☐ Yes ☐ No					
*If Yes, list with expiration and attach copy:					
Volunteers are identified as mandated reporters for child abuse and neglect, please have them complete the attached form					
(Executive Order 1083)					
Please sign here to acknowledge that it was completed :					
Valuntaan Cambiliaatian					
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. Furthermore, I understand					
that I serve at the discretion of my supervisor. (If the volunteer is under the age of 18, please have parent/guardian sign)					
Signature: Date:					
Approval (Signatures)					
Dean/Director/Administrator	Signature		Date		
Human Resources USE ONLY					
Reviewed and Recommended for service as a	volunteer :				
Background Check Coordinator					
		5			
☐ Approved ☐ Denied					
Employment Services signature:			Date:		