

VOLUNTEER IDENTIFICATION FORM

HIRING DEPARTMENT COMPLETES THIS SECTION

VOLUNTEER NAME: _____	COLLEGE/DIVISION: _____
VOLUNTEER TITLE: _____	DEPT: _____ Ext. 6- _____
SUPV. NAME/TITLE: _____	EFFECTIVE: _____ END (not to exceed end of FY): _____

VOLUNTEER STATUS – REQUIRED – PLEASE CHECK APPLICABLE BOX FOR THIS ASSIGNMENT:

<input type="checkbox"/> Current Cal Poly Employee:	<input type="checkbox"/> *Non-Cal Poly employee (Community Member, etc.)
<input type="checkbox"/> ASI <input type="checkbox"/> Corporation <input type="checkbox"/> State	*Email address: _____
<input type="checkbox"/> Current Cal Poly Student <u>not being paid</u> for this assignment	(*Required if volunteer is operating vehicles on Univ. business)
<input type="checkbox"/> Enterprise Project Student (Project): _____	<input type="checkbox"/> Other: _____

Volunteer operating a vehicle on university business: <input type="checkbox"/> NO <input type="checkbox"/> YES - "Request to Operate Vehicles" form must be attached
ID card requested: <input type="checkbox"/> NO <input type="checkbox"/> YES
Fingerprinting requested: <input type="checkbox"/> NO <input type="checkbox"/> YES: Acct.# _____
COPIES OF FORM V-1 To: <input type="checkbox"/> College/Division (Dept. will receive a copy)

DESCRIPTION OF JOB DUTIES - REQUIRED FOR ALL VOLUNTEERS

Identify any required licenses for this position: _____ Expiration: _____

COMPLETE FOR FACULTY AND ACADEMIC RELATED ASSIGNMENTS ONLY:		
* INSTRUCTOR OF RECORD? <input type="checkbox"/> NO <input type="checkbox"/> YES*(Attach AP101 to Form V-1)	Working Title: _____	Type of Degree: _____
*List courses being taught: _____		*Total WTU: _____

REQUIRED SIGNATURES

Department Head Name (typed or printed): _____	Dean/Division Head Name (typed or printed): _____
Signature: _____	Signature: _____
Date: _____	Date: _____

VOLUNTEER COMPLETES THIS SECTION

Name (PRINT OR TYPE / LAST, FIRST, MI): _____	Cal Poly Email address (if applicable): _____	Telephone: _____
	@calpoly.edu ()	
Address: _____	City: _____	State: _____ Zip: _____

PLEASE ANSWER THE FOLLOWING:

Are you under the age of 18?	<input type="checkbox"/> NO	<input type="checkbox"/> YES-provide date of birth: _____
Are you receiving academic credit for volunteering?	<input type="checkbox"/> NO	<input type="checkbox"/> YES-list course: _____

EMERGENCY CONTACT:

Name: _____	Relationship: _____	Telephone: () _____
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VOLUNTEER ACCEPTANCE STATEMENT AND SIGNATURE:

This is to acknowledge that I desire to volunteer my services to Cal Poly State University, performing the duties listed above and that those services rendered by me will be at the direction of the above named supervisor. I understand that I will not be compensated for these services. Further, I understand that I serve at the pleasure of my supervisor.

SIGNATURE OF VOLUNTEER: _____ **DATE:** _____