



# VOLUNTEER APPLICATION FORM

## ARE YOU ELIGIBLE FOR VOLUNTEERING? Before you continue, verify if you are:

Receiving academic or internship credit?  YES  NO      Receiving pay or any other compensation?  YES  NO  
 Receiving credit for a certification?  YES  NO      A current contractor or consultant with CSUDH?  YES  NO

If "yes" to any question, you do not meet the volunteer criteria and cannot serve as a volunteer. If "no," please continue.

Submit completed form to Michellena Lakey · 1000 East Victoria St. Carson, CA. LSU 231 · (310) 243-3686

ALLOW UP TO 10 BUSINESS DAYS TO PROCESS OR LONGER IF A BACKGROUND CHECK IS REQUIRED

**FORMS SUBMITTED WITH ELAPSED END DATES WILL NOT BE ACCEPTED**

### APPLICANT INFORMATION

Current status:  No Affiliation  CSUDH Faculty or Staff  CSUDH Student

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

CSUDH/ \_\_\_\_\_ OR \_\_\_\_\_ \*Social \_\_\_\_\_ \*Date of Birth: \_\_\_\_\_  
 EMPL ID #: \_\_\_\_\_ Security #: \_\_\_\_\_ (mm/dd/yyyy)

\*A Social Security number and Date of Birth are optional if the applicant has a previously established record. For new volunteers, a Social Security number and Date of Birth are necessary to verify identity and document participation to comply with risk management/liability requirements.

Address: \_\_\_\_\_  
 \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

### VOLUNTEER ACKNOWLEDGEMENT

This is to acknowledge that I desire to volunteer my services and perform the duties listed below. I understand that services rendered by me will be at the direction of the named supervisor and/or designee and will not be compensated. Further, I understand that I serve at the discretion of my supervisor and/or designee.

**Confidentiality of Records:** I acknowledge that information contained in Student Financial and Human Resources records for CSU Dominguez Hills students, employees, volunteers and alumni must be maintained in a confidential manner. I understand that as a volunteer of an office that has access to records in computer information systems or any other source, I am required to maintain this information in a confidential manner. The unauthorized access to, modification, deletion or disclosure of information in any such system may compromise the integrity of the system or otherwise violate individual rights of privacy and/or constitute a criminal act. Distribution and/or reproduction of any record or information outside the intended and approved use is strictly prohibited. Illegal access or misuse of this information is punishable by fine and/or imprisonment. Further, I understand University computer systems are for the use of authorized use only. I acknowledge and agree to the preceding confidentiality.

I acknowledge that I cannot start volunteer duties until notified by ASI Program Supervisor.

Are you under the age of 18?  NO  YES

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# VOLUNTEER APPLICATION FORM

**PROGRAM INFORMATION**

Program:			
Supervisor Name:		Title:	
Campus Phone:		Campus Email:	
Start Date (mm/dd/yyyy):		End Date (mm/dd/yyyy):	
Assignment & Summary of Duties:			

Is a professional license or certificate required?  YES  NO If YES, Specify:

While on University business, will the Volunteer:	<input type="checkbox"/> Travel <input type="checkbox"/> Drive a vehicle (Attach copy of Driver's License / Defensive driving course required.)	<input type="checkbox"/> N/A
---	--	------------------------------

**BACKGROUND REQUEST CHECKLIST - MUST BE COMPLETED BY SUPERVISOR**

YES  NO Be in direct contact with minor children at a program operated by ASI for more than 16 hours a week

YES  NO Be in a position with access to stored criminal offender record information (11 CCR §703 and 11 CCR § 707)

YES  NO Be in a position with access to Level 1 Data (protected, private or sensitive information)

**The background search must be concluded and the results reviewed and approved by ASI prior to starting volunteer duties.**

Supervisor Signature:		Date:	
-----------------------	--	-------	--

**INSTRUCTIONS:** Submit completed form to **Michellena Lakey, 1000 East Victoria Street, Carson, CA. 90747 LSU 231**. After review by HR, an email notification will be sent to the Supervisor advising them of the Volunteer's status. If approved, it is the Supervisor's responsibility to contact the Volunteer to start the assignment. Submitted forms are not returned, be sure to keep a copy for your records.

**Human Resources ONLY**

<b>Designated HR Representative Review</b>		Date:	
--	--	-------	--

Reason for Denial: