



AUXILIARY SERVICES CORPORATION

# Volunteer Form

Are you:  CSUF Student  CSUF Faculty/Staff  ASC Staff /MPP  Other: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

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

Phone Number: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_ Campus Wide ID: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Department: \_\_\_\_\_

Supervisors Name: \_\_\_\_\_ Supervisors Signature: \_\_\_\_\_

Volunteer Start Date: \_\_\_\_\_ Volunteer End Date: \_\_\_\_\_

- Are you volunteering in connection with an academic course or program? Yes  No
- Will you be driving on University/ASC business? Yes  No
- Are you 18 years or older? Yes  No
- If no, please provide DOB: \_\_\_\_\_  
The ASC Volunteer Release Form for Minors must be submitted with this form.  
NOTE: please contact ASC HR office at 657-278-4123 for ASC Volunteer Release Form for Minors.
- Have you volunteered in the past? Yes  No
- Do you have current Campus wide Identification Number (CWID) Yes  No
- Will you have direct contact with minors? Yes  No
- Will you have cash handling duties/access to level 1 data? Yes  No
- Other? Specify: \_\_\_\_\_ Yes  No

**Description of volunteer duties (attach an addition page if necessary):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By signing below, I have acknowledged that I wish to volunteer my services and perform the duties listed above. I understand that the above name supervisor will supervise me while I perform these duties. I understand and agree that I will not be compensated for these services, have complied with all the volunteer guidelines and am able to complete this service.

\_\_\_\_\_  
CSUF ASC Volunteer – Print Name Signature Date

\_\_\_\_\_  
Parent/Guardian – Print Name Signature Date  
(If volunteer is under the age of 18)

\_\_\_\_\_  
Approval of division head – Print Name Signature Date

\_\_\_\_\_  
Human Resources - Print Name Signature Date