



VOLUNTEER INFORMATION FORM

Volunteers provide essential services to many of the Foundation's Projects and Agencies and we wish to welcome you as valued members of the campus community.

The Foundation needs to have information available concerning your volunteer activities. This includes information regarding who to contact in case of emergency, the kind of service you are performing, and the number of hours you volunteer. This form will allow you to identify your "Emergency Contact" and the kind of service you perform. In addition, you will receive a "Volunteer Time Record" sheet on which you may keep track of the hours you work. We ask that you record your hours and return the time record sheet to your supervisor at the end of your appointment, or, if you are an on-going volunteer, at the end of each quarter.

On behalf of the CSU, Chico Research Foundation, we would like to thank you for your cooperation and hope that you find your volunteer services to the University community very rewarding.

Human Resources

Volunteer's Name	Home Phone	Email Address
Current Address (Street)	City, State, Zip Code	
Permanent Address (Street)	City, State, Zip Code	
Emergency Contact Person (Name)	Relationship	Contact Phone
Contact Address (Street)	City, State, Zip Code	

Are you a current employee of CSU, Chico, or The CSU, Chico Research Foundation? Yes No

If yes, who is the employer and where do you work? _____

This is to certify that I desire to volunteer my services and acknowledge that I will not be compensated for these services. I also understand that, as a volunteer, I am not covered under employee benefit programs including workers' compensation. I understand that I serve at the pleasure of my Director/Supervisor.

Description of Duties of Volunteer _____

_____ Projected Hours of Service per Week _____

Will the volunteer be required to drive as part of their responsibilities? Yes No

(If yes, refer to Vehicle Usage Policy and required Driver Certification forms at www.csuchico.edu/rfdn.)

(Volunteer's Signature)

(Date)

(Project Director's Signature)

(Date)

(Project Name)

(Project Number)

Sponsored Programs Signature Date

Foundation HR Signature Date