



# California State University, Long Beach

## CNSM Request to Volunteer Form

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

Date of Birth (Month/Day/Year): \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Department: \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Phone: \_\_\_\_\_

Volunteer Start Date \_\_\_\_\_ Termination Date: \_\_\_\_\_

(max 12 months)

**Description of Duties:** For Teaching Volunteers include semester, course no., title, ticket number of units. Current CSU employees may volunteer their services without contemplation of pay provided such services are not similar or identical to those which the individual is employed to perform for the CSU (any department or campus).

### Assignment and Summary of Duties:

Driver's License # (only if driving State vehicles as part of duties)\*:

\*Contact Supervisor or Dean's Office for additional requirements.

*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. Further, I understand that I serve at the discretion of my supervisor.*

Signature of CSU Volunteer \_\_\_\_\_ Date \_\_\_\_\_

Dean/Director/Designee \_\_\_\_\_ Date \_\_\_\_\_