



AUXILIARY SERVICES CORPORATION

Volunteer Form

Are you: CSUF Student CSUF Faculty/Staff ASC Staff Other: _____

Name: _____
Last First Middle

Address: _____
Street City Zip Code

Phone Number: (____) _____ Email: _____ Campus Wide ID: _____

Emergency Contact: _____

Department: _____ Supervisor Name: _____ Signature: _____

Volunteer Start Date: _____ 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
- Have you ever been convicted of or charged with a crime? Yes No
- Are you 18 years or older? 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

Department retains a copy of this form. Send a copy of this form to the ASC Human Resources Department in TITAN HALL prior to the start of the Volunteer assignment.