

The hiring department completes Section I and the volunteer completes Section II. The department is responsible for sending the original to Employment Services (Administration and Finance, Second Floor, Salazar Hall). When the form is complete, and all signatures have been obtained, Employment Services will authorize campus conveniences if eligible and requested. **Incomplete forms will not be accepted and will be returned to the hiring department for completion.**

SECTION I: POSITION INFORMATION (to be completed by hiring department)

Department:	Effective Date:	Termination Date*:
Supervisor:	Extension:	
Appropriate Administrator (AA):	Extension:	
Assignment and Summary of Duties:		
Will volunteer work with minor children?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Will volunteer drive a vehicle on University business?	<input type="checkbox"/> No <input type="checkbox"/> Yes (DL#	Exp.)
Will volunteer travel on University business?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Will volunteer receive academic credit for volunteering?	<input type="checkbox"/> No <input type="checkbox"/> Yes	

AA Signature: _____ Date: _____

* A current volunteer does not need to complete a new appointment form if the current assignment was made in accordance with previous appointment policy instructions and if all information is current.

SECTION II: VOLUNTEER INFORMATION (to be completed by volunteer)

Volunteer Name:	<input type="checkbox"/> SSU Staff	<input type="checkbox"/> SSU Student	<input type="checkbox"/> SSU Faculty	<input type="checkbox"/> Other
Email Address:	SSN or SSU ID Number:	Date of Birth:		
Address:				
City, State:	Zip Code:	Phone Number:		
Emergency Contact Name:	Phone Number:			
Are you under 18 years of age? <input type="checkbox"/> No <input type="checkbox"/> Yes, Parental Consent Form Required				

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. I understand that I serve at the pleasure of my supervisor. In addition, this confirms that I have received notification of my benefits, rights, and responsibilities under Worker's Compensation.

Volunteer Signature: _____ Date: _____

CAMPUS CONVENIENCES FOR VOLUNTEERS

If you are receiving academic or professional credit at SSU or any other institution, or if you are a University student, staff, or faculty member, you are **not** eligible for campus conveniences as a volunteer employee; otherwise you are eligible for the following campus conveniences:

- Library Privileges: No Yes, Employment Services will authorize
- Parking Permit: No Yes, Employment Services will authorize

AUTHORIZATION - Employment Services Initials:

Date:

I understand that CSU volunteer assignments may require background checks. I also understand that any misrepresentation, falsification, or omission of facts herein may be considered cause for dismissal from any volunteer assignment.

I, _____ (Print Name) hereby authorize and request any law enforcement agency, or other persons having personal knowledge about me, to furnish the California State University (CSU) and Sonoma State University (SSU) or its authorized agent, with information regarding criminal convictions or other information in their possession regarding me in connection with my volunteer role in a sensitive assignment. I agree that a photocopy of this information can be furnished to the CSU, and that it will have the same authority and authenticity as the original.

Campus Name: _____ Sonoma State University _____

Print Full Name: _____

Other Names Used: _____

Signature: _____ Date: _____

STATE PRIVACY NOTICE

The State of California Information Practices Act of 1977 (effective July 1, 1978) requires the CSU to provide the following information to individuals who are asked to supply information about themselves:

- The principle purpose for requesting and collecting the personal information on this form is to conduct background checks. CSU policy and federal statute authorize the maintenance of this information.
- Furnishing all information requested on this form is mandatory.
- The personal information will be kept confidential and used only in accordance with applicable laws.
- The personal information will be given to government enforcement agencies if these agencies request such information, or as otherwise required by law.
- Information Practices Act Notice (Civil Code § 1798.17)
- This information is being requested by Sonoma State University. Sonoma State University is authorized to maintain this information pursuant to Education Code §§ 89500, 89535. Submission of the information requested on this form is mandatory. Failure to provide the requested information will mean that you will be ineligible for the position you are seeking. The principal purpose for which this information is to be used is to assist the University in evaluating your eligibility, qualifications, and suitability for the position you are seeking. You have a right of access to records containing personal information maintained by Sonoma State University, which may be accessed by contacting the Human Resources Department on campus at:

Sonoma State University
1801 E. Cotati Avenue
Rohnert Park, CA 94928
(707) 664-3100 | hr@sonoma.edu



(To be completed and signed by parent/guardian of volunteer if volunteer is under 18 years of age)

I, _____, being the parent or legal guardian of _____
(the "Minor") hereby consent to and authorize the Minor to act as a volunteer for Sonoma State University (SSU).

I acknowledge and agree that activities performed by the Minor as a volunteer will be performed strictly on a voluntary basis, without any pay, compensation, or benefits. I agree and understand that the Minor must comply with the rules and regulations established from time to time by the CSU and that failure to do so may result in the Minor's immediate removal as a volunteer.

I am aware of the nature of the activities to be performed by the Minor as a volunteer. These activities will include, but are not limited to the following type of activities:

I agree that all volunteer activities are to be performed by the Minor at the Minor's risk and I assume full responsibility therefore.

On behalf of myself, the Minor, and our respective heirs and personal representatives, I agree to indemnify and hold the State of California, the Trustees of the California State University, the Sonoma State University and all of its officers, employees, representatives and volunteers free and harmless from and against all claims, damages, losses and expenses, including attorney fees, that my minor child may sustain while participating in the volunteer activity. I hereby release and discharge the CSU and the Trustees of the California State University, Sonoma State University and all of its officers, employees, representatives and volunteers from any and all claims, demands, causes of action of any nature or cause, for any such injury or damage incurred or suffered by the Minor.

Event Activity: _____ Date: _____

Volunteer's Name: _____

Volunteer Address: _____ Emergency Contact: _____

Phone: _____

Health & Accident Insurance Contact: _____ Policy #: _____

Parent/Legal Guardian Signature

I have carefully read this agreement, waiver and release and fully understand its contents. I am aware that this is a release of liability and a contract between Sonoma State University and myself and I sign it of my own free will.

Print Name: _____

Signature: _____ Date: _____