



| VOLUNTEER APPLICATION                                                                                                                                 |                                                                                                                                                                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name (Last, First)                                                                                                                                    | UCSD PID (if applicable)                                                                                                                                                   |
| Mailing Address                                                                                                                                       | City / State / Zip                                                                                                                                                         |
| Cell Phone                                                                                                                                            | Email Address (please print/type clearly)                                                                                                                                  |
| Availability on Sat. April 29, 2017                                                                                                                   | <input type="checkbox"/> 10:30am - 3:30pm <input type="checkbox"/> 3:00pm - 8:00pm                                                                                         |
| UCSD Affiliation                                                                                                                                      | <input type="checkbox"/> Undergrad <input type="checkbox"/> Grad <input type="checkbox"/> Staff<br><input type="checkbox"/> Faculty <input type="checkbox"/> Non-Affiliate |
| If you are a returning volunteer, which year(s) have you volunteered with Sun God Festival before?                                                    |                                                                                                                                                                            |
| <input type="checkbox"/> 2016 <input type="checkbox"/> 2015 <input type="checkbox"/> 2014 <input type="checkbox"/> 2013 <input type="checkbox"/> 2012 |                                                                                                                                                                            |

- APPLICATIONS SUBMITTED WITHOUT **ALL REQUIRED FORMS** WILL NOT BE CONSIDERED.
- Volunteers must be available for a minimum of 5 consecutive hours including check-in, check-out, shift, and other responsibilities as assigned at the Sun God Festival. *Actual shift hours may vary.*
- UCSD undergraduates who are selected as volunteers **are still required to register** for Sun God Festival access.
- Volunteers will receive credentials and position assignments at the volunteer check-in location on the day of the festival.
- Shift time will be announced prior to the festival.
- As spots are limited, submitting an application **does not** guarantee you a role as a Sun God Festival volunteer. If you have not volunteered with us before, feel free to send us any supplemental information you think may be useful when reviewing your application (ie: cover letter, resume).
- All volunteers must be at least 18 years old.
- All volunteers must agree to the Sun God Festival Code of Conduct and UC San Diego's Principles of Community. Any volunteers caught violating those terms will be dismissed from their shift and removed from the festival.

**ORIGINAL COPIES OF YOUR SIGNED FORMS ARE REQUIRED. ALL SIGNATURES MUST BE ORIGINAL INK. WE CANNOT ACCEPT SCANS, FAXES, OR COPIES. PLEASE PRINT YOUR FORMS SINGLE SIDED.**

Please submit application by 12:00pm  
on Friday, March 31, 2017 to:  
Anthony Tran | University Events Office  
4<sup>th</sup> Floor, Price Center East  
UC San Diego

All mailed applications must be received by  
Friday, March 31, 2017 to:  
Anthony Tran (University Events Office)  
9500 Gilman Drive #0077  
La Jolla, CA 92093-0077

**3/Types of Appointments  
Staff Volunteer Appointment**

**STAFF VOLUNTEER APPOINTMENT FORM**

**SECTION I** (To be completed by the department)

**Date Prepared:** \_\_\_\_\_

**Name** \_\_\_\_\_  
**Last** \_\_\_\_\_ **First** \_\_\_\_\_ **Middle** \_\_\_\_\_  
Begin Date 4/23/17 /End Date 4/30/2017 Home Department Unit Code 0119  
Home Department Name Student Life/UEO Mail Code 0076  
Department Contact Zaneta Stinson Telephone 858-534-4023

**Please check as appropriate:** Citizen ☐ Yes ☐ No Visa Status (if applicable): \_\_\_\_\_

**List any relatives employed at UC San Diego:** \_\_\_\_\_

**UC Student Status (please check):**

☐ Registered  
☐ Not Registered  
☐ Undergraduate  
☐ Graduate  
☐ Not Registered/  
☐ Degree Candidate  
☐ Candidate

**Are you currently on UCSD pay status?**

☐ Yes ☐ No

**If yes, please check one of the following:**

☐ Career ☐ Limited  
☐ Contract ☐ Student

Title: **Volunteer** Title Code: **9900/Without Salary**

**Describe the nature of the volunteer efforts/Comments:**

Providing event assistance at the 2017 Associated Students Sun God Festival during the week of Sunday, April 23, 2017 through Sunday, April 30, 2017.

**SECTION II** (To be completed by the volunteer)

I am volunteering my services to the University of California, San Diego for the purpose of 2017 Sun God Festival in the Student Life Department solely for my personal reasons or benefit without promise or expectation of compensation or University benefits. My volunteer services will not be performed in my regular department or in connection with regular duties, and I understand that I will not displace a regular status employee.

**Volunteer's Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

Departmental Authorization Signature \_\_\_\_\_

Date \_\_\_\_\_

Prepared by \_\_\_\_\_

0077 858-246-0370  
Mail Code Telephone

Please forward the original and one copy of this form to the Human Resources Department, Records Unit, at mail code 0922 for review and authorization. The Records Unit will return an approved copy of the Staff Volunteer Appointment Form to the department.

Human Resources Records Unit Signature \_\_\_\_\_

\_\_\_\_\_ Date



PERSONAL DATA FORM  
UPAY544-6 (R9/00) FO-2195

|                                                   |                                                     |                                       |                               |                                                                                                              |
|---------------------------------------------------|-----------------------------------------------------|---------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> CHECK BOX IF NAME CHANGE | EMPLOYEE NAME (LAST, FIRST, MIDDLE INITIAL) (19-44) | EMPLOYEE #                            | NEW EMPLOYEE #                | DATE                                                                                                         |
|                                                   |                                                     | DEPARTMENT<br>Student Life Department |                               | PERSONNEL PROGRAM CODE<br>A - ACADEMIC<br>1 PROFESSIONAL & SUPPORT STAFF<br>2 - MANAGEMENT & SR PROFESSIONAL |
|                                                   |                                                     | SUFFIX                                | PRIOR NAME (NAME CHANGE ONLY) |                                                                                                              |

TYPE OF ACTION (check appropriate box)

|                                                                                        |                                                                                          |                                                                                                |
|----------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> <b>EMPLOYMENT</b><br>(complete all information-attach to PAF) | <input type="checkbox"/> <b>DATA CHANGE</b><br>(complete only information to be changed) | <input type="checkbox"/> <b>SEPARATION</b><br>(complete only if permanent address has changed) |
|----------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|

ADDRESS INFORMATION

|                                                           |       |                     |                                                                                               |                          |                                                                                              |
|-----------------------------------------------------------|-------|---------------------|-----------------------------------------------------------------------------------------------|--------------------------|----------------------------------------------------------------------------------------------|
| PERMANENT ADDRESS: YOUR MAILING ADDRESS                   |       |                     | CAMPUS MAILING ADDRESS                                                                        |                          |                                                                                              |
| LINE 1-STREET ADDRESS                                     |       |                     | MAIL CODE                                                                                     |                          |                                                                                              |
| LINE 2-STREET ADDRESS                                     |       |                     | CAMPUS PHONE 1                                                                                |                          | CAMPUS PHONE 2                                                                               |
| CITY                                                      | STATE | ZIP CODE            | HOME PHONE                                                                                    |                          | SPOUSE'S NAME                                                                                |
| COMPLETE ONLY IF YOUR MAILING ADDRESS IS OUTSIDE THE U.S. |       |                     | DISCLOSURE OF INFORMATION                                                                     |                          |                                                                                              |
| FOREIGN PROVINCE, STATE, COUNTY, DISTRICT, REGION, etc.   |       | FOREIGN POSTAL CODE | CHECK THE FOLLOWING ITEMS YOU WANT DISCLOSED TO OUTSIDE PARTIES WHO REQUEST THIS INFORMATION. |                          | EMPLOYEE ORGANIZATIONS:<br>DO YOU WANT YOUR HOME ADDRESS RELEASED TO EMPLOYEE ORGANIZATIONS? |
| FOREIGN COUNTRY                                           |       | FOREIGN CODE        | PERMANENT ADDRESS                                                                             | HOME PHONE NUMBER        | SPOUSE'S NAME                                                                                |
|                                                           |       |                     | <input type="checkbox"/>                                                                      | <input type="checkbox"/> | <input type="checkbox"/>                                                                     |
|                                                           |       |                     |                                                                                               |                          | YES NO                                                                                       |
|                                                           |       |                     |                                                                                               |                          | <input type="checkbox"/> <input type="checkbox"/>                                            |

STUDENT STATUS AND EDUCATION

|                                                                                   |  |                                                                                                      |  |                   |                 |                          |                          |                          |                          |                          |                          |                          |                          |  |
|-----------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------|--|-------------------|-----------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|
| UC STUDENT STATUS                                                                 |  | MARK HIGHEST DEGREE OBTAINED                                                                         |  |                   |                 |                          |                          |                          |                          | YEAR AWARDED             |                          |                          |                          |  |
| 1 - Not Registered<br>2 - Not Reg. Deg. Cand<br>3 - Undergraduate<br>4 - Graduate |  | 5 - Not Reg. Deg. Cand / Other Campus<br>6 - Undergraduate / Other Campus<br>7 - Grad / Other Campus |  | UC Student Status | Units this Term | Institution:             |                          |                          |                          |                          |                          |                          |                          |  |
|                                                                                   |  |                                                                                                      |  |                   |                 | No Acad. CERT. (N)       | H.S. OR EQUIV. (H)       | TRADE CERT. (T)          | ASSOC. (A)               | BACH. (B)                | MAST. (M)                | PROF. (P)                | DOCT. (O)                |  |
|                                                                                   |  |                                                                                                      |  |                   |                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |

PRIOR EMPLOYMENT (other than UC or State)

|                  |               |                  |                                                             |                 |
|------------------|---------------|------------------|-------------------------------------------------------------|-----------------|
| EMPLOYED FROM TO | EMPLOYER NAME | EMPLOYED FROM TO | PRIOR OR CONCURRENT UC/STATE EMPLOYMENT (Include ERDA Labs) | RETIRE SYS NAME |
|                  |               |                  | UC CAMPUS & DEPARTMENT OR NAME OF STATE AGENCY              |                 |


PERSONAL INFORMATION

|                                      |                                        |                                                          |                                                               |
|--------------------------------------|----------------------------------------|----------------------------------------------------------|---------------------------------------------------------------|
| SEX                                  | DATE OF BIRTH                          | PROFESSIONAL LICENSE/CERTIFICATE NUMBER (IF APPROPRIATE) | RELATIVES EMPLOYED AT UC?                                     |
| MALE (M)<br><input type="checkbox"/> | FEMALE (F)<br><input type="checkbox"/> | EXP. DATE                                                | INDICATE NAME HERE AND RELATIONSHIP AND DEPARTMENT IN REMARKS |
|                                      |                                        |                                                          | NO YES<br><input type="checkbox"/> <input type="checkbox"/>   |

REMARKS

|                                             |
|---------------------------------------------|
| Volunteering for the 2017 Sun God Festival. |
|---------------------------------------------|

|                    |           |      |
|--------------------|-----------|------|
| EMPLOYEE SIGNATURE | PHONE NO. | DATE |
|--------------------|-----------|------|

|                                                                                  |                                                                                                            |                                                      |            |                                  |
|----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|------------------------------------------------------|------------|----------------------------------|
|  | <b>UNIVERSITY OF CALIFORNIA<br/>STATE OATH OF ALLEGIANCE. PATENT<br/>POLICY, AND PATENT ACKNOWLEDGMENT</b> | <b>EMPLOYEE'S NAME (Last, First, Middle Initial)</b> |            | <b>DATE PREPARED</b><br>Mo/Dy/Yr |
|                                                                                  | UPAY585 (R 11/2011) E0420 71443-180                                                                        | EMPLOYEE ID                                          | DEPARTMENT | EMPLOYMENT DATE<br>Mo/Dy/Yr      |

**STATE OATH OF ALLEGIANCE** I do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the Constitution of the State of California against all enemies, foreign and domestic; that I will bear true faith and allegiance to the Constitution of the United States and the Constitution of the State of California; that I take this obligation freely, without any mental reservation or purpose of evasion; ~~and that I will well and faithfully discharge the duties upon which I am about to enter.~~

**Taken and subscribed before me on:** \_\_\_\_\_  
Mo/Dy/Yr

Signature of Authorized Official: \_\_\_\_\_

Title: \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_\_

**Signature of Officer or Employee:** \_\_\_\_\_

(Do not sign until in the presence of proper witness.)

NOTE: No fee may be charged for administering this oath.

The oath must be administered by either (1) a person having general authority by law to administer oaths—for example, Notaries Public, Civil Executive Officers (Gov. Code Sec. 1001), Judicial Officers, Justices of the Peace, and county officials named in Gov. Code Sections 24000, 24057, such as, district attorneys, sheriffs, county clerks, members of boards of supervisors, etc., or (2) by any University Officer or employee who has been authorized in writing by The Regents to administer such oaths.

**WHO MUST SIGN THE OATH:** All persons (other than aliens) employed by the University, in common with all other California public employees, whether with or without compensation, must sign the oath. (Calif. Constitution, Article XX, Section 2, Calif. Gov. Code Sections 3100-3102.)

All persons re-employed by the University after a termination of service must sign a new Oath if the date of re-employment is more than one year after the date on which the previous Oath was signed (Calif. Gov. Code Sec. 3102.)

**WHEN OATH MUST BE SIGNED:** The Oath must be signed BEFORE the individual enters upon the duties of employment (Calif. Constitution, Article XX, Section 3: Calif. Gov. Code Sec. 3102.)

**WHERE OATHS ARE FILED:** The Oaths of all employees of the University shall be filed with the Campus Accounting Office.

**FAILURE TO SIGN OATH:** No compensation for service performed prior to his subscribing to the Oath or affirmation may be paid to a University employee. And no reimbursement for expenses incurred may be paid prior to his subscribing to the Oath or affirmation. (Calif. Gov. Code Sec. 3107.)

**PENALTIES:** "Every person who, while taking and subscribing to the Oath or affirmation required by this chapter, states as true any material which he knows to be false, is guilty of perjury, and is punishable by imprisonment in the state prison not less than one or more than 14 years." (Calif. Gov. Code Sec. 3108.)

**PATENT ACKNOWLEDGMENT**

This acknowledgment is made by me to The Regents of the University of California, a corporation, hereinafter called "University," in part consideration of my employment, and of wages and/or salary to be paid to me during any period of my employment, by University, and/or my utilization of University research facilities and/or my receipt of gift, grant, or contract research funds through the University.

By execution of this acknowledgment, I understand that I am not waiving any rights to a percentage of royalty payments received by University, as set forth in the University of California Patent Policy, hereinafter called "Policy."

I also understand and acknowledge that the University has the right to change the Policy from time to time, including the percentage of net royalties paid to inventors, and that the policy in effect at the time an invention is disclosed shall govern the University's disposition of royalties, if any, from that invention. Further, I acknowledge that the percentage of net royalties paid to inventors is derived only from consideration in the form of money or equity received under: 1) a license or bailment agreement for licensed rights, or 2) an option or letter agreement leading to a license or bailment agreement. I also acknowledge that the percentage of net royalties paid to inventors is not derived from research funds or from any other consideration of any kind received by the University. The Policy on Accepting Equity When Licensing University Technology governs the treatment of equity received in consideration for a license.

I acknowledge my obligation to assign, and do hereby assign, inventions and patents that I conceive or develop 1) within the course and scope of my University employment while employed by University, 2) during the course of my utilization of any University research facilities, or 3) through any connection with my use of gift, grant, or contract research funds received through the University. I further acknowledge my obligation to promptly report and fully disclose the conception and/or reduction to practice of potentially patentable inventions to the University authorized licensing office. Such inventions shall be examined by the University to determine rights and equities therein in

accordance with the Policy. I shall promptly furnish University with complete information with respect to each.

In the event any such invention shall be deemed by University to be patentable or protectable by an analogous property right, and University desires, pursuant to determination by University as to its rights and equities therein, to seek patent or analogous protection thereon, I shall execute any documents and do all things necessary, at University's expense, to assign to University all rights, title, and interest therein and to assist University in securing patent or analogous protection thereon. The scope of this provision is limited by Calif. Labor Code Sec. 2870, to which notice is given below. In the event I protest the University's determination regarding any rights or interest in an invention, I acknowledge my obligation: (a) to proceed with any University requested assignment or assistance; (b) to give University notice of that protest no later than the execution date of any of the above-described documents or assignment; and (c) to reimburse University for all expenses and costs it encounters in its patent application attempts, if any such protest is subsequently sustained or agreed to.

I acknowledge that I am bound to do all things necessary to enable University to perform its obligations to grantors of funds for research or contracting agencies as said obligations have been undertaken by University.

University may relinquish to me all or a part of its right to any such invention, if, in its judgment, the criteria set forth in the Policy have been met.

I acknowledge that I am bound during any periods of employment by University or for any period during which I conceive or develop any invention during the course of my utilization of any University research facilities, or any gift, grant, or contract research funds received through the University.

In signing this acknowledgment, I understand that the law, of which notification is given below, applies to me, and that I am still required to disclose all my inventions to the University.

**NOTICE:** This acknowledgment does not apply to an invention which qualifies under the provision of Calif. Labor Code Sec. 2870 which provides that (a) Any provision in an employment agreement which provides that an employee shall assign, or offer to assign, any of his or her rights in an invention to his or her employer shall not apply to an invention that the employee developed entirely on his or her own time without using the employer's equipment, supplies, facilities, or trade secret information except for those inventions that either: (1) Relate at the time of conception or reduction to practice of the invention to the employer's business, or actual or demonstrably anticipated research or development of the employer; or (2) Result from any work performed by the employee for the employer. (b) To the extent a provision in an employment agreement purports to require an employee to assign an invention otherwise excluded from being required to be assigned under subdivision (a), the provision is against the public policy of this state and is unenforceable. In any suit or action arising under this law, the burden of proof shall be on the individual claiming the benefits of its provisions.

RETENTION: Accounting: 5 years after separation, except in cases of disability, retirement or disciplinary action, in which case retain until age 70.

Other Copies: 0-5 years after separation

**Employee/Guest Name (Please print):** \_\_\_\_\_

**Employee/Guest Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness Signature & University Acceptance:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PLEASE SIGN STATE OATH AND PATENT ACKNOWLEDGMENT**

Participant's Name: \_\_\_\_\_ Please Print

UNIVERSITY OF CALIFORNIA,

**Waiver of Liability, Assumption of Risk, and Indemnity Agreement**

**Waiver:** In consideration of being permitted to participate in any way in Providing event assistance at the 2017 Associated Students Sun God Festival during the week of Saturday, April 23, 2017 through Sunday, April 30, 2017. Hereinafter called "Activity", I, for myself, my heirs, personal representatives or assigns, **do hereby release, waive, discharge, and covenant not to sue** The Regents of the University of California, its officers, employees, and agents from liability **from any and all claims** resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in Activity.

\_\_\_\_\_  
Signature of Parent of Minor      Date

\_\_\_\_\_  
Signature of Participant      Date

**Assumption of Risks:** Participation in Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains to 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions to 3) catastrophic injuries including paralysis and death.

**I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in Activity I hereby assert that my participation is voluntary and that I knowingly assume all such risks.**

**Indemnification and Hold Harmless:** I also agree to INDEMNIFY AND HOLD The Regents of the University of California HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in Activity and to reimburse them for any such expenses incurred.

**Severability:** The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

**Acknowledgment of Understanding:** I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and **understand that I am giving up substantial rights, including my right to sue.** I acknowledge that I am signing the agreement freely and voluntarily, and **intend by my signature to be a complete and unconditional release of all liability** to the greatest extent allowed by law.

\_\_\_\_\_  
Signature of Parent of Minor      Date  
Participant's Age (if minor) \_\_\_\_\_

\_\_\_\_\_  
Signature of Participant      Date