

VOLUNTEER IDENTIFICATION FORM

VOLUNTEER INFORMATION

Volunteer's Name (Last, First, Middle Initial) Liu, Erick, R			
Street Address 2628 Camino Segura	City Pleasanton	State CA Zip Code 94566	Phone Number: (925)-922-7018
Are you under the age of 18? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Are you receiving academic credit for volunteering? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide your date of birth: 01/26/2008		Are you a CPP: <input type="checkbox"/> Student <input type="checkbox"/> Staff <input type="checkbox"/> Faculty <input checked="" type="checkbox"/> No Affiliation	

EMERGENCY CONTACT INFORMATION

Emergency Contact Name: Yun Zhang	(Relationship) Mother	Emergency Contact Phone #: (925)-989-5779
---	---------------------------------	---

DESCRIPTION OF VOLUNTEER SERVICE

Campus Department:	
Supervisor's Name (Please print): Daisy Tang	Supervisor's Contact Information: Ext.: Email ftang@cpp.edu
Volunteer Start Date : Jun 09, 2025	Volunteer End Date: NOT to Exceed 1 Year
Assignments and Summary of Duties:	

Need to drive a vehicle on University business? ☐ Yes ☒ No Need to travel on University business? ☐ Yes ☒ No

REQUIRED MANDATED REPORTER: ALL CSU Volunteers are designated as Mandated Reporters for the California Child Abuse and Neglect Reporting Act, CANRA. **The Limited Reporter Acknowledgment Form (EO - 1083, Attachment C) must be signed and attached to this Volunteer Form prior to beginning volunteer service.** Completed, signed forms are retained in the College or Department office for 4 years from last date of service. Forms may be saved electronically.

BACKGROUND CHECKS: Will Volunteer have regular and/or direct contact with minors? ☐ Yes ☐ No

If yes, a Background Check will be required. See the Risk Management [Volunteers](#) website for further information. If a Background Check is required, the process must be reviewed/approved prior to the beginning of volunteer service.

ACKNOWLEDGEMENT

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 pleasure of my supervisor. I understand and acknowledge that all CSU Volunteers are Mandated Reporters and are required to sign the Mandated Reporter form.

		Jun 11, 2025
_____ <i>Signature of Volunteer</i>		_____ <i>Date</i>
_____ <i>Supervisor or Department Chair's Signature</i>	_____ <i>Print Name of Supervisor or Chair</i>	_____ <i>Date</i>
_____ <i>College Dean or HEERA Manager's Signature</i>	_____ <i>Print Name of Dean or HEERA Manager</i>	_____ <i>Date</i>