

CHICO STATE ENTERPRISES VOLUNTEER INFORMATION FORM

Volunteers provide essential services to many of Chico State Enterprises' Projects and Agencies and we wish to welcome you as valued members of the campus community.

Chico State Enterprises needs to have information available concerning your volunteer activities. This includes information regarding who to contact in case of emergency, the kind of service you are performing, and the number of hours you volunteer. This form will allow you to identify your "Emergency Contact" and the kind of service you perform. In addition, you will receive a "Volunteer Time Record" sheet on which you may keep track of the hours you work. We ask that you record your hours and return the time record sheet to your supervisor at the end of your appointment, or, if you are an on-going volunteer, at the end of each quarter. If you will be volunteering for more than one year, you will be required to complete new volunteer paperwork each year.

On behalf of Chico State Enterprises, we would like to thank you for your cooperation and hope that you find your volunteer services to the University community very rewarding.

Volunteer's Name	Home Phone	Email Address (personal, not CSU, Chico student email)
Current Address (Street)	City, State, Zip Code	
Permanent Address (Street)	City, State, Zip Code	
Emergency Contact Person (Name)	Relationship	Contact Phone
Contact Address (Street)	City, State, Zip Code	
Are you a current employee of CSU, Chico, or Chico State Enterprises? If yes, who is the employer and where do you work? <input type="checkbox"/> Yes <input type="checkbox"/> No		

This is to certify that I desire to volunteer my services and acknowledge that I will not be compensated for these services. I also understand that, as a volunteer, I am not covered under employee benefit programs including workers' compensation. I understand that I serve at the pleasure of my Director/Supervisor.

Description of Duties of Volunteer: _____

Will the volunteer be required to drive two or more times per week? Yes No
Projected Hours of Service per Week: _____ Start Date: _____ End Date: _____ (cannot exceed one year)
Will the volunteer require an email exchange account? Yes No If yes, please provide your Social Security Number and Chico State ID. SSN: _____ and if applicable, Chico State ID: _____

_____ (Volunteer's Signature)	_____ (Date)
_____ (Project Director's Signature)	_____ (Date)
_____ (Project Name)	_____ (Project Number)

_____ CSE Analyst Signature	_____ Date	_____ Chico State Enterprises HR Signature	_____ Date
--------------------------------	---------------	---	---------------