



CALIFORNIA STATE POLYTECHNIC UNIVERSITY,
POMONA

VOLUNTEER IDENTIFICATION FORM

Name: _____
Last First Middle Initial

Date of Birth: _____
Month/Day/Year

Address: _____
Street, Apt # City State

Phone Number: (_____) _____
Area Code/Phone #

Emergency Contact _____ (_____) _____
Name Area Code/Phone#

Department: _____

Supervisor's Name: _____ (_____) _____
Area Code/Phone #

Volunteer Dates: _____
Start Date Termination Date

Assignments and
Summary of Duties: _____

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.

Signature of Volunteer _____ Date _____

Approval of Campus Personnel _____ Date _____

NOTE: Volunteers who may need to drive on State Business must meet all University driving requirements. For requirements, please contact Risk Management at extension 4846.