

## VOLUNTEER FORM

**DEFINITION:** A volunteer is an individual who performs work or provides services to the Corporation without remuneration of any kind. University faculty, staff, or students may fit within this category if services, when provided, were also not paid for by the University nor classified as Reimbursed or Assigned Time. University employees record volunteer time distinct from University duties. Volunteers must meet any license requirements and CSU/CPC requirements in order to operate any vehicle on CPC business for their assignments. Volunteers may be covered by the CPC Workers' Compensation and Liability coverage programs.

All forms **MUST** be on file prior to the effective date of the Volunteer Assignment

### Section I: Position Information to be Completed by Department

<b>Name (Last, First, MI):</b>	<b>Volunteer Job Title:</b> Laboratory Assistant	<b>Effective Start Date:</b> 7/25/2016	<b>Projected End Date:</b> 7/26/2016	
<b>College/Division:</b> COSAM	<b>Department:</b> Bio Sci	<b>Supervisor Name:</b> Dean Wendt	<b>Supervisor Title:</b> Dean of Research	<b>Supervisor Phone # (ext):</b> 6-2950
<b>Action Code:</b>	<b>Department ID:</b> 115100	<b>W/C Code:</b> 1002	<b>W/C Codes:</b> 1001 = Admin/Clerical    1004 = Retail 1005 = Athletic Camps    1006 = Campus Dining 1002 = Prof/Consult/Tutor/Perform/Offsite Non-Manual Research 1007 = Agriculture/Manual Labor/Machinery/Printing	

**Volunteer Status:**  
 Cal Poly Student     Community Member     Current Cal Poly State Employee     Current Cal Poly Corporation Employee     Cal Poly Retiree (CSU or CPC)

**Summary of Duties:**  
 Monitor marine fish populations of SLO county.

**Questions:**  
 Does this position require a background check (includes fingerprinting)?  YES     NO (if Yes, contact HR for process information)  
 Will the Volunteer drive a Corporation vehicle on CPC business?  YES     NO  
 Will the Volunteer drive a personal vehicle on CPC business?  YES     NO  
 NO Will the Volunteer travel on CPC Business?     YES  NO  
 Is the Volunteer under the age of 18?  YES     NO (if Yes, attach a "Parent Authorization for ER Medical Treatment Form")  
 - Minor's parent must complete the California State "Request for Volunteer/Unpaid Trainee Authorization for Minor" Form (if they haven't yet graduated from high school)  
 - Minors performing delivery work must do so my foot, bicycle or public transportation  
 - Minors may NOT work in occupations that involve power machinery, kitchen work, warehouse work, and others jobs that involve maintenance of cars/trucks/machines/equipment  
 Is the Volunteer under the age of 16?  YES     NO (if YES, Parent Signature: \_\_\_\_\_)

### Section II: Information to be Completed By Volunteer

<b>Name (Last, First, MI):</b>	<b>Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>	<b>Telephone #:</b>
<b>Emergency Contact (Last, First, MI):</b>	<b>Emergency Contact Telephone #:</b>	<b>Volunteer SS# (last 4 digits):</b> XXX - XX -	<b>Gender:</b>	<b>Volunteer Age:</b>	<b>Volunteer Date of Birth:</b>

Are you receiving Academic Credit for volunteering?  YES     NO  
 Have you ever been convicted of or charged with a crime?  YES     NO (if Yes, list charge(s): \_\_\_\_\_)

**Volunteer Acceptance Statement and Signature:** This is to acknowledge that I desire to volunteer my services, perform the duties listed above, and that those services rendered by me will be at the direction of my supervisor. I understand that I will not be compensated for these services and that I serve at the pleasure of my supervisor.

**Signature of Volunteer:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Section III: Signature Authority

<b>Director/Dept Head/Designee on File:</b>	<b>CPC HR Representative:</b> Darsi Bakker - HR Benefits Specialist - (805) 756-6434
(Print Name)	Signature: _____
(Signature)	(Date)

**Send completed form to Cal Poly Corporation - Human Resources Dept. (Bld 15)**  
 This document contains Level 1 Information - please handle accordingly

STATE OF CALIFORNIA DEPARTMENT OF EDUCATION  
**REQUEST FOR VOLUNTEER/UNPAID TRAINEE AUTHORIZATION FOR MINOR**  
 CDE Form B1-6 (Rev. 04-12)

*(Print Information)*

**Minor's Information**

_____	_____	_____
Minor's Name <i>(First and Last)</i>	Home Phone	Birth Date
_____	_____	_____
Home Address	City	Zip Code

**Local Education Agency Information**

_____	_____	_____
LEA (School) Name	LEA (School) Phone	
_____	_____	_____
LEA (School) Address	City	Zip Code

List educational program for this placement: \_\_\_\_\_

**To be filled in by employer or agency of placement.**

_____	_____	_____
Cal Poly Corporation	805/756-6111	
_____	_____	_____
Business or Agency of Placement Name	Business Phone	
_____	_____	_____
1 Grand Avenue, Bld 15	San Luis Obispo	93407
_____	_____	_____
Business Address	City	Zip Code

Minor's services during volunteer/unpaid training: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

_____	_____	_____
Employer's Name <i>(Print First and Last)</i>	Employer's Signature	Date

**To be signed by parent or legal guardian.**

*As the parent or guardian, I hereby grant permission to the above minor to volunteer or be placed for unpaid training. I hereby certify that, to the best of my knowledge, the information herein is correct and true.*

_____	_____	_____
Parent/Guardian's Name <i>(Print First and Last)</i>	Parent/Guardian's Signature	Date

**Certification**

*In compliance with California Education Code 51769, subject to certain exceptions, during the educational unpaid training placement, the LEA is responsible for providing worker's compensation insurance covering that minor.*

*I hereby certify that, to the best of my knowledge, the information herein is correct and true.*

_____	_____	_____
Authorizing Personnel's Name and Title <i>(Print)</i>	Authorizing Personnel's Signature	Date