
■ Volunteer Identification Form

CSU East Bay, Career Development Center: *Connecting Ability with Opportunity*

Name: _____
Last First M.I.

Date of Birth: _____ Phone: () _____
Month/Day/Year

Address: _____
Street, Apt. # City Zip

Emergency Contact: _____ Phone: () _____

Department: _____

Supervisor's Name: _____ Phone: () _____

Volunteer Dates: _____ -- _____
Start Date Termination Date

Assignment and Summary of Duties: _____

1. Need to drive a vehicle on university business? Yes No

2. Need to travel on university business? Yes No

If yes to 1 and/or 2 above, please provide social security number: _____

Are you receiving academic credit for volunteering? Yes No

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 CSU Volunteer _____ Date _____

Approval of Campus Personnel _____ Date _____

This document is available in alternative formats (large print, Braille, audio tape, etc.). Please contact the CDC to submit your request



California State University, East Bay
Career Development Center
"Connecting Ability with Opportunity"
www.csueastbay.edu/cdc

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