



CAMPUS AFFILIATION REQUEST FORM

Please Select Affiliation: **Volunteer**

Legal Name: _____
Last First Middle

Net ID: _____ DOB: _____
[Volunteers under the age of 18 must complete Parent Consent Form](#)

Mailing Address: _____
Street City and State Zip

Phone Number: _____ Personal Email: _____

Emergency Contact: _____ () - _____
Name 10 Digit Phone Number

Department Name: _____ Department ID: _____

Supervisor's Name: _____ Contact Number: _____

Effective Date: _____ End Date: _____
Required field

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
- 3. Background check required? Yes No
- 4. Training required? Yes No

Are you receiving academic credit for volunteering? Yes No

Are you a current University staff, student or faculty employee? Yes No

Will you be requesting access to one or more campus systems or applications? 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 direction of my supervisor.

Signature of Campus Affiliate

Date

MPP Approval of CSUEB Department

Date