

VOLUNTEER AGREEMENT

This form must be completed and received by the Research Foundation Human Resources department before the first day of the volunteer assignment.

Full Name: (lastname, firstname, middle)

Date of Birth: (mm/dd/yyyy)

Phone Number: (xxx-xxx-xxxx)

Address: (street, city, state and zip)

Emergency Contact:

Emergency Contact Phone Number: (xxx-xxx-xxxx)

Supervisor's Name:

Department/Project Name:

Dates of Volunteer Assignment: (**NOTE** - Volunteer Assignments may not be for more than 12 months per Volunteer Agreement)

(begin date) to (end date)

Summary of Volunteer Assignment: (List all duties the volunteer might be expected to perform)

Will the Volunteer need to drive a vehicle during this assignment? *	Yes	No
Will the Volunteer need to travel during this assignment?	Yes	No
Will the Volunteer be working with minors and/or elderly? **	Yes	No

NOTE *: If a volunteer is required to drive a vehicle during this assignment, a copy of their valid driver's license must be submitted with the Volunteer Agreement. In cases where a personal vehicle is used, proof of valid automobile insurance must also be provided, as it will serve as the primary form of coverage.

NOTE **: If a volunteer will be working with minors and/or the elderly, fingerprint clearance is required before beginning service and must be renewed every 12 months to continue. No exceptions.

TERM OF AGREEMENT

- I freely and willingly volunteer my services to the CSULB Research Foundation and agree that my participation in this volunteer assignment is without compensation, remuneration or benefits of any kind.
- I understand that this volunteer assignment does not create an employment relationship with the CSULB Research Foundation, California State University, Long Beach, or the State of California.
- I have been trained in the duties required of this volunteer assignment, and I understand that any work product resulting from the services I perform on behalf of the CSULB Foundation and any of its entities is the property of the CSULB Research Foundation.
- I understand that all injuries or illnesses incurred by the volunteer as a result of this volunteer assignment must be reported to the Research Foundation Human Resources Department immediately (562-985-7950).
- I agree to abide by the policies and procedure set forth by the CSULB Research Foundation and the department to which I am assigned.

Volunteer - Print Name:

Volunteer Signature:

Date:

Dept/Project Manager - Print Name:

Dept/Project Manager Signature:

Date:

Research Foundation HR - Print Name:

Research Foundation HR Signature:

Date: