## California State University, Long Beach Foundation

This form must be completed and received by the Foundation HR Department before the first day of the volunteer assignment.

Name:				
Last		First		Middle
Date of Birth:		Phone Number:		
Month	/Day/Year		Area Code/Phor	ne Number
Address:				
Street		City and State		ip
Emergency Contact:	Name	Ph	one Number:	Area Code/Phone Number
Commission de Name	Name	Devent		
Supervisor's Name:	Name	Departi	ment/Project:	Department/Project Name
Dates of Volunteer As	signment: Begin		End	
Dates of Volunteer Assignment:       Begin       End         Month/Day/Year       Month/Day/Year				
Please Note: Volunteer Assignments may not be for more than 12 months per Volunteer Agreement.				
Summary of Volunteer Assignment (List all duties the volunteer might be expected to perform):				
Summary of volunteer Assignment (List an duties the volunteer might be expected to perform).				
Will the Volunteer need to drive a vehicle during this assignment? Yes No If yes, see statement below				
Will the Volunteer need to travel during this assignment?   Yes   No				
If volunteer needs to drive a vehicle during this assignment, you must provide a copy of a valid driver's license with the Volunteer Agreement. If a personal vehicle is used proof of valid automobile insurance must also be provided as it will be the primary form of coverage.				
Term of Agreement:				
<ol> <li>I freely and willingly volunteer my services to the CSULB Foundation and agree that my participation in this volunteer assignment is without compensation, remuneration or benefits of any kind.</li> <li>I understand that this volunteer assignment does not create an employment relationship with the CSULB Foundation, California State University, Long Beach, or the State of California.</li> <li>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 Foundation.</li> <li>I understand that all injuries or illnesses incurred by the volunteer as a result of this volunteer assignment must be reported to the Foundation Human Resources Department immediately (562-985-7950).</li> <li>I agree to abide by the policies and procedure set forth by the CSULB Foundation and the department to which I am assigned.</li> </ol>				
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Volunteer – Print Name		Sign Name		Month/Day/Year
Dept/Project Manager – Print Name		Sign Name		Month/Day/Year
Foundation Human Reso	ources – Print Name	Sign Name		Month/Day/Year

If you have questions about this form, please call the Foundation Human Resources Department - ext. 5-7950 HR Volunteer Agreement