SJSU Office of Faculty Affairs
VOLUNTEER & ADJUNCT TEACHING FACULTY FORM

Name: _____
Last First Middle

Date of Birth: _____
Month/Day/Year

Address: _____
Street, Apt. # City, State Zip

Phone Number: ( ) _____
Area Code/Phone #

Emergency Contact: _____ ( ) _____
Name Area Code/Phone #

Department: _____ College: _____

Supervisor's Name: _____ ( ) _____
Area Code/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 I and/or 2 above, please provide social security number: _____

Are you receiving academic credit for volunteering? Yes ☐ No ☐
Are you a University student or staff or faculty member? 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 Volunteer/Adjunct Faculty Date

_____
Signature of Department Chair Date

Keep one copy in the department/program, forward one copy to the Dean or appropriate administrator, and forward the original to Faculty Affairs.