VOLUNTEER REQUEST & APPOINTMENT FORM

SAN JOSÉ STATE UNIVERSITY

Human Resources

Equal Opportunity & Workforce Planning | One Washington Square, San José, CA | 95192-0046 | 408-924-2250 | 408-924-1784 (fax)

Definition: A volunteer is an individual who performs work or provides services without compensation. San José State University appoints volunteers in accordance with the CSU Volunteer Policy (HR 2005-26).

Instructions: Please review the Person of Interest (POI) list to determine what type of volunteer you are requesting and the department responsible for maintaining them. **Note:** This form is not intended for faculty volunteer appointments. For faculty volunteer appointments, please visit the Office of Faculty Affairs web site, or call the Office of Faculty Affairs at (408) 924-2450.

Section I: POSITION INFORMATION TO BE COMPLETED BY DEPARTMENT			
University Division:	☐ Academic Affairs ☐ President's Office	☐ Administration and Finance ☐ Student Affairs	☐ Intercollegiate Athletics ☐ University Advancement
Requestor Name & Title:			Telephone #:
Action – Check Appropriate Box ☐ Appoint ☐ Extend Appointment ☐ Early Termination	Department:		Department ID:
Note: Volunteer appointments cannot exceed one (1) year in duration. Ongoing assignments beyond one (1) year require completion of a new form.		Appointment Start Date:	Appointment End Date:
Volunteer will provide service days per semester. Please provide volunteer's work schedule if services will be provided thirteen (13) days or more per semester:			
Description of duties assigned to volunteer:			

Check All That Apply

☐ Volunteer will work with students or minors under the age of 18 (fingerprinting is required*)

☐ Volunteer will handle cash/credit transactions and/or sensitive/personal data (fingerprinting is required*)

☐ Volunteer will provide service 13 days or more per semester (fingerprinting is required*)

☐ Volunteer will drive a University vehicle or own private vehicle for official University business (complete on-line Defensive Driving Fundamentals Training Course and either the Application for University Vehicle Operation Authorization or Authorization to use Privately Owned Vehicles on State Business form San José State University Human Resources: Defensive Driving Program.

Driver licenses #: _____

☐ License /certificate required: _____

Note:** Department requestor should contact UPD at 924-2172 within five (5) working days to schedule an appointment for the volunteer. On day of scheduled appointment, volunteer must come to HR first to sign the Release Authorizing Background Check for Volunteers form and to obtain a Livescan Form to take to UPD. Fingerprinting ***must be cleared ***prior*** to the appointment start date.

Section II: TO BE COMPLETED BY VOLUNTEER		
Legal Name (First, Last, MI):	Perferred Name (First, Last, MI):	Employee ID/Student ID (If applicable):
Home Address (City/State/Zip):	Home Telephone Number:	
Are you under 18 years old? ☐ YES ☐ NO If "yes" enter your date of birth:	Emergency Contact (First, Last, MI):	
Emergency Contact Home Address (City/State/Zip):	Relationship To Volunteer:	

1. Have you ever been convicted of a felony or, within the past five (5) years, a misdemeanor which resulted in incarceration? **Note:** A conviction is not an automatic bar for a volunteer appointment; each case is considered on its individual merits. ☐ NO ☐ YES

   If YES, please explain: _____

   _____

   _____

2. For non-U.S. citizens, a work authorization is required for volunteer work at SJSU.
   Please enter work authorization number here: _____

***SIGNATURE OF VOLUNTEER:** This is to acknowledge that I desire to volunteer my services to San José State University free of coercion, threat or under influence by any employee of the University. I understand that I will not be compensated for these services. I hereby certify that all statements made on this application are true and complete to the best of my knowledge and belief. I understand that falsification of the above record may be considered cause for termination of the volunteer assignment.

Signed: _____ **Date:** _____

Section III: SIGNATURE AUTHORITY		
Worklead Signature:	Print Name & Title	Date:
Appropriate Department Administrator's (MPP) Signature:	Print Name & Title	Date:
HR Contact's Signature (If applicable):	Print Name & Title	Date:

Department signatures certify form completion. Make copy for department file. Send **original** completed form to Equal Opportunity & Workforce Planning in Human Resources (Third Floor, UPD Building, 0046). Incomplete forms will **not** be processed and will be returned to the department. Within five (5) working days of receipt of a completed form, Equal Opportunity & Workforce Planning will send department requestor an e-mail indicating the status of the request. All forms must be on file and approved by Equal Opportunity & Workforce Planning **prior** to the start date of the volunteer assignment. For more information, contact Equal Opportunity & Workforce Planning at 924-2130. Click the following link to review the Volunteer Appointment Request Guidelines (attached).

Section IV: FOR HUMAN RESOURCES USE ONLY	
☐ Complete form ☐ Incomplete form (Date returned to department:	☐ Approved ☐ Denied (Reasons for denial) Date e-mail notification sent to department: Livescan required Yes ☐ No ☐
HR Approver/Analyst Signature:	Date forwarded to HR Employee Support Services: