VOLUNTEER FORM

Individuals may provide service to the Research Foundation by serving as a volunteer without pay and at their own risk.

A volunteer performs activities under the direction and supervision of a staff employee, and must meet any license or process requirements (e.g. medical license, valid CA driver's license, Live Scan process, etc.). For both the protection of the volunteer and the Research Foundation, volunteers must have the necessary training and/or supervision to safely carry out the volunteer work they are assigned.

The Research Foundation Volunteer Form must be completed and processed through the Research Foundation Human Resources department. The appropriate site representative should submit this form to HR as soon as possible.

The Research Foundation’s Volunteer Form states important information such as:

- Name, address, telephone number
- Emergency contact information
- Assignment, duties, department, supervisor
- Approximate schedule (days of week and hours)
- Volunteer’s acknowledgement that his or her services are voluntary, without pay and without benefits, and at own risk.
- Signature authorization by appropriate administrator
- Acknowledgment of receipt of the Research Foundation’s Harassment and Discrimination policy.

Prior to any volunteer services commencing, all Volunteers must have a Volunteer Form on file. Volunteers must comply with pertinent Research Foundation regulations, policies, and procedures. Additionally, volunteers who are required to drive as part of their volunteer services are required to complete and pass training in Defensive Driving and continue to meet the established driving standards as a condition of their volunteer service for the Research Foundation. Volunteers who will work directly with minors or with the elderly must also undergo a Live Scan screening process through the SJSU University Police Department.

If the Volunteer is a minor, the Volunteer Form must be signed by a custodial parent or legal guardian of the minor.

Please Note:

Volunteer Forms are to be administered by supervisors for ALL volunteers. The Waiver of Liability and Hold Harmless Agreements is to be administered by supervisors to participants of a limited term activity not to exceed the period of the original volunteer appointment. Volunteers are responsible for providing and maintaining current personal data (i.e. emergency contact information).

If you have any questions regarding the volunteering or the Volunteer Form, please contact the Human Resources at (408) 924-1409.
VOLUNTEER FORM

To Be Completed By Supervisor:

Description of duties to be performed by Volunteer (“Activities”):

_______________________________________________________________________________________________________

_______________________________________________________________________________________________________

Approximate Schedule (days and hrs/week):

Start Date of Volunteer Service

End Date of Volunteer Service (Must have termination date; “indefinite” is not acceptable)

Department & Phone Number

Supervisor's Name and Title

To Be Completed By Volunteer:

Print Volunteer's Name

Phone Number

e-mail address

Address Street, Apt. #

City, State

Zip

Emergency Contact Person (Name) Phone Number Relationship

Are you at least 18 years old? ☐ Yes ☐ No *If no, list birth date: __________________________

Do activities require use of a vehicle on Research Foundation business? ☐ Yes ☐ No *If yes, need an SJSU Defensive Driving Certificate

Do activities require travel on Research Foundation business? ☐ Yes ☐ No

Do activities require you to work directly in/around minors or elderly? ☐ Yes ☐ No *If yes, MUST undergo SJSU’s Live Scan process

Please check appropriate box: ☐ SJSU Student ☐ SJSU Employee ☐ Faculty ☐ Research Foundation Employee

☐ Off Campus Student ☐ Community Volunteer

Have you ever been convicted of or plead guilty to a criminal offense (felony or misdemeanor)? (Misdemeanor convictions for marijuana-related offenses that are more than two years old need not be disclosed.) ................................................................. ☐ Yes ☐ No

If yes, state nature of the crime(s), when and where convicted, and disposition of the case. ____________________________________________________________________________

A conviction will not automatically exclude you from consideration to be a volunteer.

Please read carefully before signing: This is to acknowledge that I desire to perform Volunteer activities for the San Jose State University Research Foundation under the direction of a supervisor and according to the following terms.

I understand and agree that I will not be compensated for my activities and that I will not be eligible for the Research Foundation’s employee benefits.

I understand and agree that I am assuming the risk of injury or harm in all activities undertaking as part of my volunteering responsibilities, and I hereby release, waive, discharge, and covenant to not sue the STATE OF CALIFORNIA, THE TRUSTEES OF THE CALIFORNIA STATE UNIVERSITY, SAN JOSE STATE UNIVERSITY, THE RESEARCH FOUNDATION, AND THEIR OFFICERS, DIRECTORS, AND EMPLOYEES (hereinafter collectively referred to as the “RELEASEES”) from any and all liabilities, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES, or otherwise, while participating in such activities, or while in, on or upon the premises where the Activities are being conducted.

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 immediate ending of the volunteer appointment. I hereby volunteer for Activities, during the time period and under the conditions indicated above. I acknowledge receipt of the Research Foundation’s Harassment and Discrimination Policy and understand and agree to read and abide by its terms.
Volunteer Form

If I am not at least 18 years of age, I understand and agree that I will need to obtain my custodial parent’s or legal guardian’s written consent to volunteer and that I will not be permitted to volunteer until I obtain my parent’s or legal guardian’s written consent.

_______________________________________________  ___________________________________
Signature of Volunteer                                      Date

____________________________________________________  ___________________________________
Supervisor/Project Director’s Signature                     Date

______________________________________________________  ___________________________________
Research Foundation HR Signature/Site Representative      Date

If Volunteer is under 18, a custodial parent or legal guardian must sign below.

I certify that I am a custodial parent or legal guardian of the above volunteer and he/she has my permission to provide volunteer services to the San Jose State University Research Foundation.

I have read and agree to the provision stated above for myself and the volunteer. I further understand and agree that if I allow the above volunteer to provide services to the Research Foundation, it will be without my supervision, and I assume all risks to the volunteer from the services provided to the Research Foundation.

_________________________________________  ______________________________
Signature of Parent/Legal Guardian                  Date