

California State University, Long Beach Research Foundation

VOLUNTEER AGREEMENT

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

Last Name: \_\_\_\_\_ First Name/M.I. \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Department/Project: \_\_\_\_\_

Date of Volunteer Assignment: Begin: \_\_\_\_\_ (mm/dd/yy) End: \_\_\_\_\_ (mm/dd/yy)

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):

[Empty box for Summary of Volunteer Assignment]

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:

- 1. 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.
2. 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.
3. 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.
4. 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).
5. I agree to abide by the policies and procedure set forth by the CSULB Foundation and the department to which I am assigned.

Volunteer - Print Name Signature Date (mm/dd/yy)

Dept/Project Manager - Print Name Signature Date (mm/dd/yy)

Foundation Human Resources - Print Name Signature Date (mm/dd/yy)

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