California State University, Long Beach Foundation
Volunteer Agreement

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/Phone Number

Address: _____
         Street   City and State   Zip

Emergency Contact: _____   Phone Number: _____
                   Name   Area Code/Phone Number

Supervisor's Name: _____   Department/Project: _____
                   Name   Department/Project Name

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):

_____

_____

_____

_____

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   Sign Name   Month/Day/Year

_____   _____   _____
Dept/Project Manager – Print Name   Sign Name   Month/Day/Year

_____   _____   _____
Foundation Human Resources – Print Name   Sign Name   Month/Day/Year

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