

Volunteer Registration Form

		CSUN ID#:
Address:		
Phone #:		Alternate Phone #:
Email Address:		
Emergency Contact:		Phone #:
Are you 18 years old o older?	or Yes	Are you receiving academic credit for volunteering?
Are you a: (check all that apply)	☐CSUN Student [☐AS Officer [☐AS Employee ☐State Employee ☐Other
ASSIGNMENT INFORMAT	ΓΙΟΝ – For Supervisor to Fill (Out
Supervisor:		
Assignment Start Date	e:	End Date:
Assignment and Sumr	nary of Duties:	
required to perform the series of the series	nese duties? Inteer provide a copy of the requi	ired document
	o drive a privately owned vehic	□Vos
business? If yes, please have Volu Owned Vehicle on AS E insurance to this form. campus Defensive Driv with a copy of Driver's		le or electric cart on AS "Yes No rization to Use Privately ver's License and proof of eeer must complete the f the course certificate along
business? If yes, please have Volu Owned Vehicle on AS E insurance to this form. campus Defensive Driv with a copy of Driver's PLEASE READ This is to acknowledge that I deservices rendered by me will be	o drive a privately owned vehice of the attach a completed "Author Business" form and a copy of Drift driving an electric cart, Voluming Course, and submit a copy of License to this form. See Cart Polesire to volunteer my services, peen at the direction of the above-na	le or electric cart on AS "Yes No rization to Use Privately ver's License and proof of eeer must complete the f the course certificate along
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Supervisor Signature: ______ Date: _____