



VOLUNTEER APPLICATION

PLEASE PRINT LEGIBLY

Name _____ Date _____

Local Address _____

City / State / Zip _____ Phone () _____

Permanent Address _____ Cell Phone () _____

City / State / Zip _____ Phone () _____

Volunteer Position Applying For _____

Red ID # _____ E-mail Address _____

Individual to contact in case of emergency _____ Relationship _____

Address _____

City / State / Zip _____ Phone () _____

E-mail Address _____

PREVIOUS JOB RELATED WORK EXPERIENCE (MOST RECENT)

Employer _____ From _____ To _____

Address _____

City / State / Zip _____ Phone () _____

Immediate Supervisor _____ Type of Work _____
(Person to Contact)

Reason for Leaving _____

Employer _____ From _____ To _____

Address _____

City / State / Zip _____ Phone () _____

Immediate Supervisor _____ Type of Work _____
(Person to Contact)

Reason for Leaving _____

SCHEDULE (Please check days available)

- | | | | |
|------------------------------------|------------------------|-----------------------------------|------------------------|
| <input type="checkbox"/> Monday | Hours available: _____ | <input type="checkbox"/> Thursday | Hours available: _____ |
| <input type="checkbox"/> Tuesday | Hours available: _____ | <input type="checkbox"/> Friday | Hours available: _____ |
| <input type="checkbox"/> Wednesday | Hours available: _____ | <input type="checkbox"/> Saturday | Hours available: _____ |
| | | <input type="checkbox"/> Sunday | Hours available: _____ |

The above information is set forth to the best of my knowledge and belief. I understand that false or misleading information given on this application may result in my not being considered for a volunteer position.

Signature _____ Date _____

What date would you be available to start? _____

No. of hours available per week _____

Are you an SDSU student? Yes No

Are you currently employed by Associated Students? Yes No

If yes, Dept. / Position _____

Have you ever worked for Associated Students? Yes No

If yes, Dept. / Position _____

Dates _____ Full-Time Part-Time

Supervisor _____

Reason for leaving _____

Medical conditions that would prevent you from performing assigned duties _____

This area is to be completed by staff only.
Note: Supervisor, please ensure volunteer submits a Confidential Statistical Data Sheet with this form.

Date Filed _____

PAYROLL INFORMATION

Start Date _____ Occupation Code _____

Dept. Name _____

Home Locator # _____ Extra Locator # _____

New Volunteer: Yes No

Title / Position _____

Supervisor Name (print) _____

IF DRIVING FOR BUSINESS

CDL# _____

Date of Birth _____

APPROVAL SIGNATURES

Supervisor _____

Dept. Approval _____