



CALIFORNIA STATE UNIVERSITY, MONTEREY BAY

Service Learning Volunteer Identification Form

Semester: _____ Department: _____

Name: _____ Date of Birth: ____/____/____
Last First MI Month Day Year

Address: _____

Phone Number: (____) _____ - _____

Emergency Contact: _____ (____) _____ - _____
Print Area Code Phone Number

Site Name: _____

Site Address: _____

Site Supervisor/Teacher's Name: _____ (____) _____ - _____
Print Area Code Phone Number

1 Assignment and Summary of Duties: A Learning Agreement has been submitted and is on file in the department listed above: [] Yes [] No

2 Will your service activities require you to drive to any other locations than your primary site in order to accomplish your service and/or learning objectives? [] Yes [] No

3 Will your service activities require you to travel to any other locations than your primary site in order to accomplish your service and/or learning objectives? [] Yes [] No

If YES to 2 and/or 3, please indicate Social Security number: _____

Note: CSUMB Students may not drive company vehicles, or use personal vehicles to provide services for their community-based organization.

Are you receiving academic credit for volunteering? [] Yes [] No

Are you a University student, staff or faculty member? [] Yes [] No

I, (student name) hereby certify that all statements on this form are true to the best of my knowledge. Any falsification of the info may be considered grounds for termination of my volunteer status. I desire to volunteer my services at my service learning site, performing my duties as stated in my CSUMB Learning Agreement and that the services rendered by me will be at the direction of my Site Supervisor. I will not be compensated for these services. Further I understand that I serve at the pleasure of my Site Supervisor.

Do you agree with this statement? [] Yes

Date: _____

Approval of Campus Personnel

Date