



VOLUNTEER APPLICATION AND APPOINTMENT FORM

VOLUNTEER CRITERIA

A volunteer is an individual who performs work or provides services for ASI **without pay**. A volunteer performs assigned duties under the direction and supervision of a staff employee, and must meet any license requirements (i.e. medical licenses, valid CA driver's license, etc.). Volunteers are covered by Worker's Compensation Insurance and may be authorized to operate an ASI vehicle.

VOLUNTEER ASSIGNMENT TYPE - CHECK ONE:

NEW VOLUNTEER ASSIGNMENT

REAPPOINT/EXTEND ASSIGNMENT

VOLUNTEER STATUS - CHECK APPROPRIATE BOX:

ASI EMPLOYEE

CAL POLY EMPLOYEE

OFF-CAMPUS STUDENT

CPC EMPLOYEE

COMMUNITY MEMBER

CAL POLY STUDENT

TO BE COMPLETED BY VOLUNTEER

PERSONAL INFORMATION

NAME (LAST, FIRST, MI):

SOCIAL SECURITY NUMBER:

BIRTH DATE:

EMAIL ADDRESS:

HOME PHONE:

CELL PHONE:

MAILING ADDRESS:

CITY, STATE, ZIP:

Have you ever been convicted for any offense, other than minor traffic violations (*Convictions for marijuana-related offenses that are more than two years old need not be listed*)? YES NO

If YES, please list circumstances and date. Exclude minor traffic and other convictions, which have been judicially dismissed, expunged, sealed, or eradicated. (Note: No applicant will be denied solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered:

EMERGENCY CONTACT

NAME:

RELATIONSHIP:

DAYTIME PHONE:

EVENING PHONE:

ADDITIONAL INFORMATION:

How did you hear about volunteering for ASI?

ASI WEBSITE

AN ASI EVENT

ASI STAFF

OTHER:

What volunteer opportunities are you interested in?

ASI EVENTS

STUDENT GOVERNMENT

RECREATIONAL SPORTS

POLY ESCAPES

OTHER

Why would you make an ideal addition to the ASI Team?

AGREEMENTS AND ACKNOWLEDGEMENTS

ASI VOLUNTEER ACKNOWLEDGEMENT: This is to acknowledge that I desire to volunteer my services to ASI under the direction of my supervisor. I understand that I will not be compensated for these services. I hereby certify that all statements made on this application are true and complete to the best of my knowledge and belief. I understand that falsification of the above record may be considered cause for termination. _____ (INITIALS)

ASI VOLUNTEER AGREEMENT: I will save, indemnify, keep and hold harmless ASI, including their directors, employees, agents and other volunteers from all damages, judgments, expenses (including reasonable attorney fees), costs of liabilities in law or equity suffered because of damage to property that may arise out of, or as a consequence of my negligent or intentional acts while participating in ASI volunteer programs. _____ (INITIALS)

PHOTO RELEASE: I agree that ASI may use my likeness in any brochures or promotional materials that will be used to promote ASI. _____ (INITIALS)

SAFETY GUIDELINES FOR ASI VOLUNTEERS

All volunteers will work in a safe fashion, utilizing appropriate safety measures at all times.

Many potential hazards go along with working outdoors. Proper clothing should be worn to protect against sun, wind, rain, heat and cold.

Volunteers should take all precautions to avoid accidents. They should be careful and alert at all times. *Any accident or injury, no matter how small or insignificant, should be reported immediately to the Program Coordinator and/or supervisory employee on staff at the time. An accident report must be filled out within 24 hours of injury.*

Volunteers may not operate any ASI vehicle, equipment, or power tools on or off ASI property without expressed permission and documentation when necessary.

Smoking is prohibited in all ASI facilities and buildings, as a safety measure.

Consumption of alcoholic beverages or drug use before or during the volunteer time period is expressly prohibited and will result in immediate release from volunteer duties.

Be aware of others safety as well as your own. Follow directions and behave responsibly. If you have ideas or suggestions, by all means discuss them with your supervisor, but do not carry them out without permission.

TO BE COMPLETED BY PROGRAM SUPERVISOR

VOLUNTEER DATES

EFFECTIVE DATE:

END DATE:

DESCRIPTION OF DUTIES (Must Be Completed For All Volunteers):

REQUIRED SIGNATURES

I have read and will follow the ASI Agreements, Acknowledgements, and Guidelines listed above.

VOLUNTEER SIGNATURE:

DATE:

This appointment meets the volunteer criteria as stated above.

PROGRAM SUPERVISOR SIGNATURE:

DATE:

AREA DIRECTOR SIGNATURE:

DATE: