|  |  |
| --- | --- |
|  | Volunteer completes this section |

|  |  |
| --- | --- |
| Volunteer’s Name: |  |
| Department: |  |
| Date of Birth: |  |
| Local Address (Street/City/State/Zip): |  |
| Permanent Address (Street/City/State/Zip): |  |
| Phone: |  |
| Alternate Phone: |  |
| Emergency Contact and Phone: |  |

## Volunteer Activity

|  |  |
| --- | --- |
|  | Department completes the rest of this form. |

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Volunteer’s Supervisor: |  | Phone Number: |  |
| Eligibility Checklist  Do any of the following apply?  If “yes” to any of the following, a volunteer shall not be assigned such tasks.  Brief Description of Volunteer Activity: | 1. Access to University financial accounts or funds?  Yes  No 2. Access to master key?  Yes  No 3. Access to confidential records or information?  Yes  No 4. Access to controlled substances?  Yes  No 5. Contact with hazards that require medical monitoring?  Yes  No | | |
| Beginning Date of Volunteer Activity: |  | End Date: |  |
| Do any of the following apply?  If “yes” to any of the following, a Background Check is required. | 1. Care or security of patients, children, the elderly, handicapped, or mentally impaired?  Yes  No 2. Handling of animals?  Yes  No 3. Handling of cash?  Yes  No 4. Use of or contact with hazardous substances, dangerous equipment, or materials?  Yes  No 5. Access to building or office keys?  Yes  No | | |
| Volunteer Packet Checklist | Background check completed and volunteer cleared for assignment, if applicable | Date: |  |
| Oath and Patent signed and returned by Volunteer | Date: |  |
| UC Davis Principles of Community provided to volunteer | Date: |  |
| Sexual Violence and Sexual Harassment Policy (PPM 400-20) provided to volunteer | Date: |  |
| Electronic Communications – Allowable Use Policy, Exhibit A, Acceptable Use (PPM 310-23) provided to volunteer | Date: |  |
| Supervisor’s Signature: |  | Date: |  |