|  |  |
| --- | --- |
|  | 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 ChecklistDo 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: |  |