

DEFINITION: A volunteer is an individual who performs work or provides services to the University **without remuneration of any kind**. Volunteers must meet any license requirements and CSU requirements for defensive driver training and a good driving record in order to operate any vehicle on University business for their assignments. Volunteers may be covered by the University’s workers’ compensation and liability coverage programs. **All forms must be on file prior to the effective date and for the entirety of the volunteer assignment as long as the supervisor and nature of work does not change.**

Section I: Position Information to be Completed By Department (type or print legibly)

College/Division: Student Affairs	Department: Disability Resource Center	Supervisor Name / Title: Cheryl Snell	Supervisor Ext: 6-1396
Volunteer Name (Last, First, MI):	Volunteer Job Title: Notetaker	Effective Date: (Start of project/assignment) 1/1/19	End of Assignment: (end of project/assignment) 6/30/23

Volunteer Status:
 Current Cal Poly Employee: ASI Corporation State Cal Poly Student (*not* being paid for this assignment) Community Member

Summary of Duties (Duties of the volunteer assignment must not coincide with any non-exempt Cal Poly position the person may currently hold.):
Taking notes for a Disability Resource Center student

Will the volunteer be listed as the “Instructor of Record” on the Schedule of Classes? NO YES List course(s) to be taught: _____
 - If yes, completion of the [“AP101” form](#) is also required - contact Academic Personnel (6-2844) for additional instructions.

Volunteers not identified above as the “Instructor of Record” who need access to Cal Poly’s information and technology resources must complete the [Affiliated Person Account Request Form](#) and adhere to its [written agreement](#).

Is a Professional License or Certificate required to perform these duties?: NO YES List: _____

Fingerprinting / Background required: NO YES (If yes, contact Human Resources (6-2236) for process information)

Temporary ID Card authorization: NO YES (for Community Members *only*) [Who is eligible for a PolyCard?](#)

Will the volunteer drive a State vehicle on University business? NO YES (complete the [“Request to Operate Vehicles”](#) form)

Will the volunteer drive a personal vehicle on University business? NO YES (complete both the [“Authorization To Use Private Vehicle”](#) and the [“Request to Operate Vehicles”](#) forms)

Will the volunteer travel on University business? NO YES (may be entitled reimbursement per the [Travel Guidelines](#))

Is the volunteer over the age of 18? YES NO (If no, must comply with provisions below and provide date of birth (MM/DD/YYYY): _____)
 - Minors **must** obtain certificates of age or permits to work *prior* to the appointment date and [work hour limitation apply](#) .
 - Minors performing delivery work **must** do so by foot, bicycle and public transportation.
 - Minors may **NOT** work in occupations that involve power machinery, kitchen work, and certain work in connection with the maintenance of cars, trucks, machines or equipment, or work in warehouses.

Section II: Information to be Completed By Volunteer

Preferred Name (Last, First, MI):	Telephone Number:	Address:	City:	State / Zip
Emergency Contact (Last, First, MI):	Telephone Number:	Address:	City:	State / Zip

Are you receiving academic credit* for volunteering? NO YES List course: _____

Have you ever been convicted of a misdemeanor or felony as an adult? NO YES

If yes, please list circumstance(s) and date(s): _____

* Students enrolled in CSU Nursing, Allied Health, Social Work, or Education credential programs are typically covered by the Student Professional Liability Insurance Program.

Volunteer Acceptance Statement and Signature: This is to acknowledge that I desire to volunteer my services, performing the duties listed above, and that those services rendered by me will be at the direction of the above named supervisor and will not coincide with any non-exempt Cal Poly position that I hold. I understand that I will not be compensated for these services. Further, I acknowledge that I serve at the pleasure of my supervisor.

Signature of Volunteer: _____
 Typing your name here indicates your signature Date: _____

Section III: Signature Authority

Department Head / Designee on file (Print): Cheryl Snell	Dean / Division Head / Designee on file (Print):
Signature:	Signature:
Date:	Date:

DRC will turn in this completed form to Risk Management
This document contains Level 1 information. Please handle accordingly.
 Incomplete forms will not be accepted and will be returned to the department.

**STATEMENT ACKNOWLEDGING REQUIREMENT
TO REPORT CHILD ABUSE AND NEGLECT
[USE FOR LIMITED REPORTERS ONLY]**

INSTRUCTION FOR HUMAN RESOURCES: Provide this form, as well as Attachments A and B of Executive Order 1083 Revised July 21, 2017, to employees who are identified as Limited Reporters*. Retain the completed form in the employee's official personnel file.

***Exception:** Non-Management Personnel Plan employees hired prior to January 1, 1985

California law **requires** certain people, known as "Mandated Reporters," to report known or suspected child abuse or neglect. You have been identified as a certain type of Mandated Reporter: a Limited Reporter under Penal Code § 11165.7(a)(41). As a Mandated Reporter, you are required by the law to sign this statement acknowledging your legal reporting obligations.

A copy of the relevant provisions of the law explaining the definition of "Mandated Reporter" (Penal Code § 11165.7), the reporting obligations (Penal Code § 11166), penalty for failure to report abuse or impeding report (Penal Code § 11166.01), the contents of the reports, and the confidentiality of the Mandated Reporter's identity (Penal Code § 11167) is attached.

Online training is available to you through Skillsoft. To access training, please follow the instructions below.

1. Log into the Cal Poly Portal.
2. Click the "Staff and Faculty Training" tab; then click "Go to Skillsoft".
3. In the search bar (top right corner), type "Mandatory Reporting" and click the magnifying glass.
4. Under the Search results, locate "Mandatory Reporting of Child Abuse and Neglect", and click "Launch" to begin.

While it is not required, we strongly encourage you to take the training.

WHEN REPORTING ABUSE IS REQUIRED

As a Limited Reporter, whenever in your professional capacity or within the scope of your employment you have knowledge of or observe a person under the age of 18 years whom you know or reasonably suspect has been the victim of child abuse or neglect **on CSU premises or at an official activity of, or program conducted by, the CSU**, you must report the suspected incident (Penal Code §§ 11166(a) and 11165.7(a)(41)).

PROCEDURE FOR REPORTING

To make a report, you **must** do the following:

- **Immediately, or as soon as practically possible**, contact by phone one of the following: police or sheriff's department (including campus police but not including a school district police or security department); a county probation department (if designated by the county to receive mandated reports); or the county welfare department (Child Protective Services or CPS).
- **Within 36 hours of receiving the information concerning the incident:** complete Form SS 8572 (available online at http://ag.ca.gov/childabuse/pdf/ss_8572.pdf) per the instructions (available online at http://ag.ca.gov/childabuse/pdf/8572_instruct.pdf); and send, fax or electronically transmit it to the agency that was contacted by phone (Penal Code § 11166(a)).

Names and contact information for agencies that can accept reports are available online at the following websites:

California State University Police Departments (by campus):

<http://calstate.edu/strategicinitiatives/UPD/contacts.shtml>

Child Protective Services (by county):

http://www.hwcws.cahwnet.gov/countyinfo/county_contacts/hotline_numbers.asp

For Sheriffs' Departments (by county):

<http://www.calsheriffs.org/sheriffs-offices.html>

Note: Reporting to a supervisor, a coworker, or other person is not a substitute for making a mandated report to one of the agencies listed above.

ABUSE AND NEGLECT THAT MUST BE REPORTED

Physical abuse, meaning physical injury other than by accidental means inflicted on a child (Penal Code § 11165.6).

Sexual assault, including sex acts with a child, intentional masturbation in the presence of a child, child molestation, and lewd or lascivious acts with a child under 14 years of age or with a child under 16 years of age if the other person is at least ten years older than the child (Penal Code § 11165.1(a)(b)).

Sexual exploitation, including acts relating to child pornography, child prostitution, or performances involving obscene sexual conduct by a child (Penal Code § 11165.1(c)).

Statutory rape involving sexual intercourse between a child under 16 years of age and a person 21 years of age or older, which is also a form of "sexual assault" (Penal Code § 11165.1(a)).

Neglect, meaning the negligent treatment or maltreatment of a child by a parent, guardian or caretaker under circumstances indicating harm or threatened harm to the child's health or welfare (Penal Code § 11165.2).

Willful harming or injuring or endangering a child, meaning a situation in which any person inflicts, or willfully causes or permits a child to suffer, unjustifiable physical pain or mental suffering, or causes or permits a child to be placed in a situation in which the child or child's health is endangered (Penal Code § 11165.3).

Unlawful corporal punishment, meaning a situation in which any person willfully inflicts upon a child cruel or inhuman corporal punishment or a physical injury (Penal Code § 11165.4).

WHAT IS NOT CHILD ABUSE OR NEGLECT?

The law does **not** consider the following child abuse or neglect for reporting purposes:

- Injuries caused by two children fighting during a mutual altercation (Penal Code § 11165.6)
- An injury caused by reasonable and necessary force used by a peace officer acting within the course and scope of his or her employment (Penal Code § 11165.6)

- Reasonable and necessary force used by public school officials to quell a disturbance threatening physical injury to person or damage to property, for self-defense, or to obtain possession of weapons or other dangerous objects under a child’s control (Penal Code § 11165.4)
- Corporal punishment, unless it is cruel or inhumane or willfully inflicts a physical injury (Penal Code § 11165.4)
- Not receiving medical treatment for religious reasons (Penal Code § 11165.2(b))
- Acts performed for a valid medical purpose (Penal Code § 11165.1(b)(3))
- An informed and appropriate medical decision made by a parent or parent, guardian or caretaker after consultation with a physician who has examined the child (Penal Code § 11165.2(b))

IMMUNITY AND CONFIDENTIALITY OF REPORTER

Mandated Reporters cannot be held civilly or criminally liable for their reports. Instead, they enjoy immunity from prosecution for their reporting of suspected child abuse (Penal Code § 11172(a)). Both the identity of the person who reports and the report itself are confidential and disclosed only among appropriate agencies (Penal Code § 11167(d)).

PENALTY FOR FAILURE TO REPORT ABUSE OR IMPEDING REPORT

A Mandated Reporter who fails to make a required report of abuse, or any administrator or supervisor who impedes or inhibits a report, is guilty of a misdemeanor punishable by up to six months in jail, a fine of \$1,000, or both (Penal Code Section 11166(c) and Section 11166.01(a)). Where the abuse results in death or great bodily injury, the Mandated Reporter who fails to make a required report or administrator or supervisor who impeded or inhibited the report is subject to punishment of up to one year in jail, a fine of \$5,000, or both (Penal Code Section 11166.01(b)).

ACKNOWLEDGMENT

I acknowledge being provided with copies of Penal Code Sections 11165.7, 11166, 11166.01, and 11167. I acknowledge and understand my responsibility and legal obligation to report known or suspected child abuse or neglect in compliance with Penal Code Section 11166.

Employee’s Name: _____ **Dept.:** _____

Signature: _____ **Date:** _____

(Typing your name here indicates your signature)