



Cal Poly Corporation

# VOLUNTEER FORM

**DEFINITION:** A volunteer is an individual who performs work or provides services to the Corporation without remuneration of any kind. University faculty, staff, or students may fit within this category if services, when provided, were also not paid for by the University nor classified as Reimbursed or Assigned Time. University employees record volunteer time distinct from University duties. Volunteers must meet any license requirements and CSU/CPC requirements in order to operate any vehicle on CPC business for their assignments. Volunteers may be covered by the CPC Workers' Compensation and Liability coverage programs.

All forms **MUST** be on file prior to the effective date of the Volunteer Assignment

## Section I: Position Information to be Completed by Department

<b>Name (Last, First, MI):</b>	<b>Volunteer Job Title:</b> Swanton Pacific Ranch volunteer	<b>Effective Start Date:</b> May 17, 2019	<b>Projected End Date:</b> May 19, 2019	
<b>College/Division:</b> CAFES	<b>Department:</b> Swanton Pacific Ranch	<b>Supervisor Name:</b> Brian Dietterick	<b>Supervisor Title:</b> Director	<b>Supervisor Phone # (ext):</b> 6-6155
<b>Action Code:</b> NA	<b>Department ID:</b> NA	<b>W/C Code:</b> 1007	<b>W/C Codes:</b> 1001 = Admin/Clerical    1004 = Retail 1005 = Athletic Camps    1006 = Campus Dining 1002 = Prof/Consult/Tutor/Perform/Offsite Non-Manual Research 1007 = Agriculture/Manual Labor/Machinery/Printing	

**Volunteer Status:**

☒ Cal Poly Student    ☐ Community Member    ☐ Current Cal Poly State Employee    ☐ Current Cal Poly Corporation Employee    ☐ Cal Poly Retiree (CSU or CPC)

**Summary of Duties:**

Student volunteers will assist with thinning apple fruit at the Ranch's organic apple orchard.

**Questions:**

Does this position require a background check (includes fingerprinting)?    ☐ YES    ☒ NO    (if Yes, contact HR for process information)

Will the Volunteer drive a Corporation vehicle on CPC business?    ☐ YES    ☒ NO

Will the Volunteer drive a personal vehicle on CPC business?    ☐ YES    ☒ NO

Will the Volunteer travel on CPC Business?    ☒ YES    ☐ NO

**Is the Volunteer under the age of 18?**    ☐ YES    ☐ NO    (if Yes, attach a "Parent Authorization for ER Medical Treatment Form")

- Minor's parent must complete the California State "Request for Volunteer/Unpaid Trainee Authorization for Minor" Form (if they haven't yet graduated from high school)
- Minors performing delivery work must do so my foot, bicycle or public transportation
- Minors may NOT work in occupations that involve power machinery, kitchen work, warehouse work, and others jobs that involve maintenance of cars/trucks/machines/equipment

**Is the Volunteer under the age of 16?**    ☐ YES    ☐ NO    (if YES, Parent Signature: \_\_\_\_\_)

## Section II: Information to be Completed By Volunteer

<b>Name (Last, First, MI):</b>	<b>Address:</b>	<b>City:</b>	<b>State</b>	<b>Zip</b>	<b>Telephone #:</b>
<b>Emergency Contact (Last, First, MI):</b>	<b>Emergency Contact Telephone #:</b>	<b>Volunteer SS# (last 4 digits):</b> XXX - XX -	<b>Gender:</b>	<b>Volunteer Age:</b>	<b>Volunteer Date of Birth:</b>

**Are you receiving Academic Credit for volunteering?**    ☐ YES    ☐ NO

**Have you ever been convicted of or charged with a crime?**    ☐ YES    ☐ NO    (if Yes, list charge(s): \_\_\_\_\_)

**Volunteer Acceptance Statement and Signature:** This is to acknowledge that I desire to volunteer my services, perform the duties listed above, and that those services rendered by me will be at the direction of my supervisor. I understand that I will not be compensated for these services and that I serve at the pleasure of my supervisor.

**Signature of Volunteer:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Section III: Signature Authority

**Director/Dept Head/Designee on File:**

Brian C. Dietterick

(Print Name)

(Signature)

(Date)

**CPC HR Representative:**

Darsi Bakker - HR Benefits Specialist - (805) 756-6434

Signature: \_\_\_\_\_

**Submit completed form to CAFES Dean's Office (Building 11, Room 211)**

This document contains Level 1 Information - please handle accordingly

# CAL POLY

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## CORPORATION

### ***Parent Authorization for Emergency Medical Treatment***

In the event of a medical emergency, Cal Poly Corporation will make every effort to contact you immediately. If your child is under the age of 18, it is necessary for the parent to sign and return this form to Cal Poly Corporation Human Resources, 1 Grand Avenue, Building 15, San Luis Obispo, CA 93407-0707.

**Minor's Name:**

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**Birth Date:**

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***I hereby authorize treatment for my minor son/daughter listed below for examinations and medical treatments necessary for emergency care prior to the time I can be reached to give direct permission.***

X

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Parent's Signature

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Date

**Parent/Guardian Name:**

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**Address:**

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**Work Phone:**

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**Home Phone:**

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**REQUEST FOR VOLUNTEER/UNPAID TRAINEE AUTHORIZATION FOR MINOR**

CDE Form B1-6 (Rev. 04-12)

*(Print Information)***Minor's Information**

Minor's Name <i>(First and Last)</i>	Home Phone	Birth Date
Home Address	City	Zip Code

**Local Education Agency Information**

LEA (School) Name	LEA (School) Phone	
LEA (School) Address	City	Zip Code

List educational program for this placement: \_\_\_\_\_

**To be filled in by employer or agency of placement.**

Cal Poly Corporation	805/756-6111	
Business or Agency of Placement Name	Business Phone	
1 Grand Avenue, Bld 15	San Luis Obispo	93407
Business Address	City	Zip Code

Minor's services during volunteer/unpaid training: \_\_\_\_\_


Employer's Name <i>(Print First and Last)</i>	Employer's Signature	Date
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**To be signed by parent or legal guardian.***As the parent or guardian, I hereby grant permission to the above minor to volunteer or be placed for unpaid training.**I hereby certify that, to the best of my knowledge, the information herein is correct and true.*

Parent/Guardian's Name <i>(Print First and Last)</i>	Parent/Guardian's Signature	Date
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**Certification***In compliance with California Education Code 51769, subject to certain exceptions, during the educational unpaid training placement, the LEA is responsible for providing worker's compensation insurance covering that minor.**I hereby certify that, to the best of my knowledge, the information herein is correct and true.*

Authorizing Personnel's Name and Title <i>(Print)</i>	Authorizing Personnel's Signature	Date
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## Visual/Audio Image Release Form

Date: \_\_\_\_\_

I grant permission to Cal Poly San Luis Obispo, its employees and agents, to take and use visual/audio images of me. Visual/audio images are any type of recording, including but not limited to photographs, digital images, drawings, renderings, voices, sounds, video recordings, audio clips or accompanying written descriptions. Cal Poly San Luis Obispo will not materially alter the original images. I agree that Cal Poly San Luis Obispo owns the images and all rights related to them. The images may be used in any manner or media without notifying me, such as university-sponsored websites, publications, promotions, broadcasts, advertisements, posters and theater slides, as well as for non-university uses. I waive any right to inspect or approve the finished images or any printed or electronic matter that may be used with them, or to be compensated for them.

I release Cal Poly San Luis Obispo and its employees and agents, including any firm authorized to publish, broadcast and/or distribute a finished aproduct containing the images, from any claims, damages or liability which I may ever have in connection with the taking or use of the images or printed material used with the images. I am at least 18 years of age and competent to sign this release. I have read this release before signing, I understand its contents, meaning and impact, and I freely accept the terms.

NAME (PLEASE PRINT)

SIGNATURE

**PROJECT OR EVENT NAME**

(Photographer/Broadcast/Contact Information/Location/Notes/Photo Caption)

Apple fruit thinning at Swanton Pacific Ranch's Organic Apple Orchard

**TRAVEL INFORMATION**

<b>Employee Name:</b> _____		<b>Empl ID:</b> _____	
<b>Department:</b> Swanton Pacific Ranch		<b>Phone:</b> _____	
<b>Departure/Return:</b>	<b>From:</b>	<b>Date</b> 5/17/19	<b>Time</b> 4:45pm
	<b>To:</b>	<b>Date</b> 5/19/19	<b>Time</b> 6:00pm
<b>Destination:</b> Swanton Pacific Ranch, Davenport, CA			
<b>Purpose of Trip:</b> Participate in Swanton Pacific Ranch Volunteer Weekend (Apple Orchard Thinning)			
<input checked="" type="checkbox"/> If your travel is within California you must complete the Transient Occupancy Tax Waiver (next page) <span style="color:blue;">N/A : on-site lodging provided.</span> <input type="checkbox"/> My per night lodging expenses will exceed \$275, excluding taxes and fees. Please include justification below. _____			
<input type="checkbox"/> My travel expenses submitted for reimbursement will include expenses for my spouse or registered domestic partner. Travel expense claim must include documentation to demonstrate the spouse or registered domestic partner attendance served a business purpose and he/she played a significant role in the proceedings or made an important contribution to the event. Please include an event or meeting agenda or a letter of invitation requesting the spouse's or registered domestic partner's attendance.			
<input type="checkbox"/> I am driving a private vehicle and have completed an Authorization to Use Privately Owned Vehicle Form (Form 261) <span style="float:right">Vehicle License #: _____</span>			

**STATE FINANCIAL INFORMATION (Including University Campus Programs)**

Fund	DeptID	Account	Program	Class	Project/Grant	Amount

<b>Travel Advance Request:</b>	<b>Amount:</b> _____	<b>Date Needed:</b> _____	<b>State expenses not to exceed:</b> \$ _____
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**PLEASE NOTE THE FOLLOWING:**

- 1) Travel advances must be requested at least 15 business days prior to departure.
- 2) Travel advances requested more than 30 days prior to departure require a written justification (below) - attach any substantiating documentation.

Justification: \_\_\_\_\_

**CAL POLY CORPORATION FINANCIAL INFORMATION (All Other Org Key #'s)**

<b>CPC Travel</b>	<b>OrgKey</b>	<b>ObjCode</b>	<b>Advance Amount</b>	<b>CPC expenses not to exceed:</b>
<b>Advance Request:</b>	35249	826000	\$ -	\$0.00
<b>Date Needed:</b>	<b>(Estimated total cost)</b>			

**CERTIFICATION AND APPROVAL INFORMATION**

I certify that if I am driving a privately owned vehicle that I have liability insurance in force in at least the following amounts: \$15,000 for personal injury to, or death of, one person, \$30,000 for personal injury to two or more persons in one accident, \$5,000 for property damage. I further certify that my vehicle is adequate for the work performed, equipped with seat belts and in safe mechanical condition, and that any accident that may occur while the vehicle is being operated on State business will be reported to my supervisor within 48 hours using Form STD 270.

**Traveler:**

signature \_\_\_\_\_

print name \_\_\_\_\_

date \_\_\_\_\_

**Approving****Official ‡**

signature \_\_\_\_\_

Brian C. Dietterick

print name

Director

print title

date \_\_\_\_\_

**International Travel Requires the Following Additional Approvals:****Dean**

signature \_\_\_\_\_

print name \_\_\_\_\_

date \_\_\_\_\_

**Provost**

signature \_\_\_\_\_

print name \_\_\_\_\_

date \_\_\_\_\_

‡ Must have signature authority on chartfields listed, and hold an employment classification of MPP, Dept. Head, Dept. Chair or Confidential