



San Francisco State University

VOLUNTEER ACKNOWLEDGEMENT

FORM #156E-1

Rev. 02/02

To: Human Resources, ADM. 252
From: Hiring Department/Office
Subject: VOLUNTEER SERVICES

This is to acknowledge that the following person desires to volunteer his/her services to San Francisco State University for no compensation.

Last Name First Name Middle Initial

Address City State Zip Code Telephone No.

Date of Birth: Are you a SFSU Faculty Staff Student (Check one)

Emergency Contact Person's Name Address Telephone No.

Is a driver's license required as part of volunteer responsibilities (Check one) Yes No

Is travel required as part of volunteer responsibilities requiring reimbursement? (Check one) Yes No

If a driver's license is required and/or the person is to receive reimbursement for travel expenses, then please provide the Social Security No.:

Effective date of Volunteer Services: End date of Services:

Director's/Supervisor's name Department Telephone No./Ext.

Brief Description of Essential Functions:

Identify Required Licenses, Certifications, etc: Expiration Date:

Volunteer's Signature/Date Supervisor's Signature/Date

Human Resources Representative/Designee Signature Date