

## **Volunteer Appointment Form**

Name		
First and Last name		Middle
Citizenship Status (Required): Citizen: Ye	es 🔲 No 🖳 Visa Status	s (if applicable):
UC Student Status (please check)	y near relatives who are UCSD	Are you currently on UCSD pay state
Registered Not Registered	A P	YesNo
_ ondersidate _ ordere	yees.	Date of Birth:
Sex: Male Female University of S	olifornia Con Diograficatha numa	
I am volunteering my services to the University of C of solely for m	y personal reasons or benefit wit	hout promise or expectation of compensation o
University benefits. My volunteer services will not understand that I will not displace a regular status e		rtment or in connection with regular duties, and
Volunteer's Signature		
		- Only
egin Date/ End Date	Number of Hours P	Per Week:
ome Dept Unit Code Home Dept N	ame	
epartment Contact	Telephone	Email
upervisor:		
supervisor.		
epartmental Authorization Signature		Date
Describ	e all volunteer responsibi	lities:
Describe the training ar	nd orientation that the vo	lunteer will recieve:
Dept. Request Reviewed by HR	No. of the last of	Approval