

i 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

i Department completes the rest of this form.

Name of Volunteer's Supervisor:		Phone Number:	
Eligibility Checklist Do any of the following apply? If "yes" to any of the following, a volunteer shall not be assigned such tasks.	<ol style="list-style-type: none"> 1. Access to University financial accounts or funds? <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Access to master key? <input type="checkbox"/> Yes <input type="checkbox"/> No 3. Access to confidential records or information? <input type="checkbox"/> Yes <input type="checkbox"/> No 4. Access to controlled substances? <input type="checkbox"/> Yes <input type="checkbox"/> No 5. Contact with hazards that require medical monitoring? <input type="checkbox"/> Yes <input type="checkbox"/> No 		

Please retain this form in your department files. Workers' Compensation (530-752-7243) will request a copy should an injury or illness be reported.

<p>Brief Description of Volunteer Activity:</p>			
<p>Beginning Date of Volunteer Activity:</p>		<p>End Date:</p>	
<p>Do any of the following apply? If “yes” to any of the following, a Background Check is required.</p>	<ol style="list-style-type: none"> 1. Care or security of patients, children, the elderly, handicapped, or mentally impaired? <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Handling of animals? <input type="checkbox"/> Yes <input type="checkbox"/> No 3. Handling of cash? <input type="checkbox"/> Yes <input type="checkbox"/> No 4. Use of or contact with hazardous substances, dangerous equipment, or materials? <input type="checkbox"/> Yes <input type="checkbox"/> No 5. Access to building or office keys? <input type="checkbox"/> Yes <input type="checkbox"/> No 		
<p>Volunteer Packet Checklist</p>	<p><input type="checkbox"/> Background check completed and volunteer cleared for assignment, if applicable</p>	<p>Date:</p>	
	<p><input type="checkbox"/> Oath and Patent signed and returned by Volunteer</p>	<p>Date:</p>	
	<p><input type="checkbox"/> UC Davis Principles of Community provided to volunteer</p>	<p>Date:</p>	
	<p><input type="checkbox"/> Sexual Violence and Sexual Harassment Policy (PPM 400-20) provided to volunteer</p>	<p>Date:</p>	
	<p><input type="checkbox"/> Electronic Communications – Allowable Use Policy, Exhibit A, Acceptable Use (PPM 310-23) provided to volunteer</p>	<p>Date:</p>	
<p>Supervisor’s Signature:</p>		<p>Date:</p>	

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