



California State University, Long Beach

& 1 6 0 5 H T X M O U N T A I N S I D E W O R M

Last Name: _____ First Name: _____ Middle: _____

Date of Birth (Month/Day/Year): _____ Phone: _____

E- P D L O _____

Address _____

City: _____ State: _____ Zip Code: _____

Emergency Contact: Name: _____ Phone: _____

Department: _____

Supervisor's Name _____ Phone: _____

Volunteer Start Date _____ Termination Date: _____

Description of Duties: For Teaching Volunteers include semester, course number, title, ticket number of units. Current CSU employees may volunteer their services without contemplation of pay provided such services are not similar or identical to those which the individual is employed to perform for the CSU (any department or campus).

Assignment and Summary of Duties:

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