

UNIVERSITY OF CALIFORNIA  
ANR CENTRAL VALLEY REGION

**VOLUNTEER DOCUMENTATION FORM**

Name of Volunteer: \_\_\_\_\_

Social Security #  
or Passport #: \_\_\_\_\_

Home Address (local): \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

\*\*\*\*\*

UC Supervisor/County: \_\_\_\_\_

Type of work to be performed: \_\_\_\_\_

Working w/Youth?      **Y or N**    DOJ Fingerprint cleared?    \_\_\_/\_\_\_/\_\_\_

Location-work to be performed: \_\_\_\_\_

Period of time volunteering:    \_\_\_/\_\_\_/\_\_\_    to    \_\_\_/\_\_\_/\_\_\_

UC telephone number: \_\_\_\_\_

Is Volunteer receiving salary from any other institution or foreign country? **Y or N**

If **Yes**, please provide name of source: \_\_\_\_\_

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**Important points about volunteering to work for the University of California:**

- **Volunteers are not paid by the University.**
  - **Volunteers are not covered by the University's workers compensation program. Claims may be considered at UC's discretion.**
  - **The UC supervisor is responsible for supervising the work of volunteers and for providing adequate health and safety training in respect to the kind of work to be performed.**
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\_\_\_\_\_  
**Volunteer signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**UC Advisor signature**

\_\_\_\_\_  
**Date**

Retain a photocopy for your files  
Mail - Original to the Central Valley Regional Office