



VOLUNTEER POLICY

The policies of the Associated Students Incorporated Cal Poly Pomona (ASI), are in compliance with the regulations of California State Polytechnic University, Pomona, the CSU Chancellor, and the CSU Board of Trustees as well as all applicable state and federal laws.

This policy is intended to guide the administration of volunteers.

For the purpose of this policy a volunteer is defined as follows: Whether a person is classified as an employee or volunteer is determined by the individual's intent. An individual who performs work for public service, religious or humanitarian reasons without promise, expectation, or receipt of compensation for that work shall be considered a volunteer. An individual who offers to work without compensation for the purpose of gaining experience shall not be considered a volunteer. A volunteer performs activities under the ultimate direction and supervision of an ASI employee.

Volunteers may provide service to ASI without promise, expectation, or receipt of compensation. In order to be eligible to serve as a volunteer, an individual must possess the necessary training, licenses, and supervision to safely carry out volunteer work. Volunteers under 18 years old must provide their date of birth and submit a Volunteer Identification, Waiver and Release Form signed by a legal guardian prior to performing volunteer work.

Volunteers are appointed through use of the Volunteer Identification, Waiver and Release Form which consists of a general disclaimer indemnifying the State of California (CA), the Trustees of the California State University System, California State Polytechnic University, Pomona and ASI all of its officers, employees, representatives, volunteers, and agents of each of them, any other involved municipalities or public agencies from and against all claims, damages, losses and expenses, including attorney fees, arising out of or connected in any way with the volunteer participation in such activity, even though that liability may arise out of the negligence or carelessness on the part of persons or entities. The Multiple Volunteer Identification, Waiver and Release Form shall be used to appoint multiple volunteers.

Individuals appointed as volunteers under this policy shall be:

- covered by ASI's Workers' Compensation insurance
- permitted to drive a vehicle on official ASI business as long as they possess a valid driver's license, possess an active defensive driver's training certificate, have a good driving record, and for volunteer appointments longer than 30 days, be enrolled in the DMV pull program; volunteers authorized to drive a personal vehicle on official ASI business shall be entitled to standard mileage rate reimbursement
- required to review and adhere to ASI's Anti-Harassment Policy
- required to handle information regarding ASI's business, documents, employees, customers, and volunteers in a confidential manner
- submit a completed Volunteer Identification, Waiver and Release Form, or Multiple Volunteer Identification, Waiver and Release Form

Personal or identifying information about ASI volunteers (such as name, address, phone number) will not be released to people or agencies outside of ASI without prior written consent of the volunteer; the only exception to this policy will be to follow legal or regulatory guidelines. The volunteer is bound to confidentiality regarding knowledge of ASI privileged information. All memoranda, notes, reports, or other documents will remain part of ASI's confidential records, including marketing data and, strategic plans. ASI Human Resources will collect, manage, and maintain information related to this policy.



VOLUNTEER POLICY

FOR ASI USE ONLY:
ASI Senate Approval Date: 1/29/15

Verified By:
Andrea Cendejas 2/10/15
Andrea Cendejas, ASI Attorney General Date

Approved By:
James Cox 2/11/15
James Cox, ASI President Date



Volunteer Identification, Waiver and Release Form

VOLUNTEER INFORMATION

Volunteer's Name (Last, First, Middle Initial):

Phone Number:

Address:

Emergency Contact Person's Name:

Emergency Contact Person's Phone Number:

Are you under the age of 18? Y N

If you are under the age of 18, enter date of birth:

VOLUNTEER ASSIGNMENT

Department:

Supervisor's Name:

Supervisor's Phone Number:

Start Date of Volunteer Service:

End Date of Volunteer Service: (must have an end date; indefinite service will not be accepted)

Volunteer Assignment and Summary of Duties:

ACKNOWLEDGEMENT, WAIVER AND RELEASE

I acknowledge that I desire to volunteer my services, performing duties similar to those listed above for Associated Students Incorporated, Cal Poly Pomona (ASI), and that services rendered by me will be at the direction of the above-named supervisor. I understand that I will not be compensated for these services.

I acknowledge that I have received and read the Associated Students Incorporated, Cal Poly Pomona Volunteer Policy and Anti-Discrimination Policy.

In consideration for being permitted by ASI to participate in the above stated activity, I hereby waive, release and discharge any and all claims for damages for personal injury, death or property damage which I may have, or which may hereafter occur to me, as a result of participation in such activity. This release is intended to discharge in advance the State of California, the Trustees of the California State University, the University, ASI and all of its officers, employees, representatives and volunteers, from and against all claims, damages, losses and expenses, including attorney fees, arising out of or connected in any way with my participation in such activity. I understand that my participation in such activity involves an element of risk and danger of accidents and knowing these risks, I nonetheless assume those risks. It is further agreed by me that this waiver, release and assumption of risk is to be binding on my heirs as assigns. I agree to indemnify and to hold the State of California, Trustees of the California State University, the University, ASI, and all of its officers, employees, representatives and volunteers free and harmless from any loss, liability, damage, cost or expense, including attorney fees, which they or any of them may incur as the result of my death or any injury or property damage that I may sustain while participating in such activity.

I hereby certify that I have carefully read this Volunteer Identification, Waiver and Release Form and that I fully understand its contents. I am aware that this is a release of liability and a contract between ASI and myself and I sign it of my own free will.

Signature of Volunteer or Legal Guardian if under 18 years old

Date

Supervisor's Signature

Date

Human Resources Signature

Date



Multiple Volunteer Identification, Waiver and Release Form

VOLUNTEER ASSIGNMENT

Department:

Supervisor's Name:

Supervisor's Phone Number:

Start Date of Volunteer Service:

End Date of Volunteer Service: (must have an end date; indefinite service will not be accepted)

Volunteer Assignment and Summary of Duties:

ACKNOWLEDGEMENT, WAIVER AND RELEASE

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I hereby certify that I have carefully read this Multiple Volunteer Identification, Waiver and Release Form and that I fully understand its contents. I am aware that this is a release of liability and a contract between ASI and myself and I sign it of my own free will.

	Name of Volunteer Signature of Volunteer* (*or Legal Guardian if under 18 years old)	Phone Number	Time In	Time Out	Emergency Contact
1	Print: Sign:				Name: Phone Number:
2	Print: Sign:				Name: Phone Number:
3	Print: Sign:				Name: Phone Number:
4	Print: Sign:				Name: Phone Number:
5	Print: Sign:				Name: Phone Number:

Supervisor's Signature

Date

Human Resources Signature

Date