

Please note: "Section 3(e)(4)(A)(ii) of the FLSA does not permit an individual to perform hours of volunteer service for a public agency when such hours involve the same type of services which the individual is employed to perform for the same public agency." References: Department of Labor's Regulations 29 C.F.R. §553.102

PERSONAL & CONTACT DATA

Legal Name					
Are you under age 18? If Yes, please provide date of birth.	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Date of Birth		
ADDRESS					
Street		City		State	
Phone Number		E-mail			

Are you a current SJSU employee (faculty, staff, student, etc.)?			
Yes <input type="checkbox"/>		No <input type="checkbox"/>	
Faculty <input type="checkbox"/>	Staff <input type="checkbox"/>	Student <input type="checkbox"/>	
If Yes, please provide title and department:			
Employee ID		Date of Last Appointment	

EDUCATION

Highest Degree Attained		Date Conferred	
Institution/City/State			

EMERGENCY CONTACT DATA

Name			
Phone Number		Relationship	

RELEVANT EMPLOYMENT HISTORY

Position Title			Employer	
City		State		Phone
Duties				

VOLUNTEER DEPARTMENT INFORMATION

Department/School		Dates of Appointment	
Supervisor		Phone Number	

VOLUNTEER POSITION (Check all that apply)

<input type="checkbox"/>	Athletics (Coach, Trainer)	<input type="checkbox"/>	Advisor (Tutor, Mentor, Student Supervisor)
<input type="checkbox"/>	Counselor	<input type="checkbox"/>	Lecturer (Instructor)
<input type="checkbox"/>	Librarian	<input type="checkbox"/>	Presenter (Seminars, Speeches, Guest Speaker)
<input type="checkbox"/>	Researcher (Collaborator, Co-PI)	<input type="checkbox"/>	Other: <input type="text"/>

Please provide a description of the volunteer duties:

During the period of your volunteer appointment, are there any restrictions on your ability and/or availability to perform the essential functions of your job at SJSU with or without reasonable accommodations?

Yes ☐No ☐

This is to acknowledge that I desire to volunteer my services, performing duties listed above and that services rendered by me will be at the direction of the above named supervisor. I will not be compensated for these services. I understand that I must not perform hours of volunteer service for SJSU when such hours involve the same type of services, which I am employed to perform for SJSU. Further, I understand that I serve at the pleasure of my supervisor and/or appropriate administrator.

Signature of Volunteer/Unpaid Visiting Scholar

Date

Signature of Supervisor

Date