

CERTIFICATION OF VOLUNTEER PARTICIPATION

CDCR 1049 (Rev. 08/08)

To be completed by the volunteer's supervisor/sponsor at completion of the volunteer service agreement or termination.*Please Print*

Volunteer Name:		Supervisor/Sponsor Name:	
Address:		Institution/Headquarters/Parole Unit:	
		Telephone Number:	Unit/Division:
Telephone Number (Home):	Telephone Number (Work):	Area Where Volunteer Provided Service:	

Describe duties performed: special skills/credentials held, equipment or tools used.

Length of Service: FROM: ____/____/____ TO: ____/____/____

Did the volunteer supervise inmates? Yes ☐ No ☐ If Yes, how many _____Performance Rating: Excellent ☐ Good ☐ Needs improvement ☐ Unsatisfactory ☐

If dismissed, give reason:

VOLUNTEER'S SIGNATURE_____
DATE SIGNED_____
SUPERVISOR/SPONSOR'S SIGNATURE_____
DATE SIGNED**DISTRIBUTION:** ORIGINAL - Volunteer; CANARY - File; PINK - Supervisor