

VICTOR VALLEY COMMUNITY COLLEGE DISTRICT

VOLUNTEER FORM

Volunteer: Complete the top portion of this form and return it to the department where you will be volunteering. *Keep the attached information sheet* - it advises you of your rights under Worker's Compensation. You are not authorized to begin volunteering until fingerprint card and Board approval are received.

NAME: (please print) _____

SOCIAL SECURITY NUMBER: _____ **BIRTHDATE:** _____
(If less than 18 years of age, must present high school diploma or work permit)

ADDRESS: _____

TELEPHONE: _____

Have you ever been convicted of a felony or, within the last ten years, a misdemeanor which resulted in imprisonment?

Yes ___ (explain) _____ No ___

I, the undersigned, affirm that I have received information on procedures and requirements regarding Worker's Compensation coverage. I understand that I am not authorized to begin volunteer work at VVCCD until I submit my fingerprint card and receive Board approval.

Volunteer's Signature

Date

(a new Volunteer Form must be completed and signed each fiscal year)

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**Department Approval**

**DEPARTMENT:** FKCE/ILP **PROPOSED DATES OF SERVICE:** \_\_\_\_\_  
(May not start prior to Board approval; must submit new Volunteer Form at beginning of every fiscal year)

**Description of Duties to be Performed:** Assist with and support office tasks including: calling foster parents about upcoming classes, updating mailing lists, assisting with paperwork at classes on & off campus, updating database, & assisting with mailing flyers and newsletters.

\_\_\_\_\_  
**Department Dean or V.P. Approval**

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

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Instruction Approval

(only if volunteer is serving in Instructional capacity)

V.P. of Student Learning

Date

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**Office of Human Resources**

\_\_\_\_\_  
**Date Board Approved**

\_\_\_\_\_  
**Date Fingerprint Card Received**