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 you clear fingerprints and are Board approved.

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 am clear fingerprints and receive Board approval.

_____ _____
Volunteer's Signature **Date**

(a new Volunteer Form must be completed and signed at the beginning of each calendar and each fiscal year)

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Department Approval

DEPARTMENT: _____ **PROPOSED DATES OF SERVICE:** _____
(May not start prior to Board approval; must submit new Volunteer Form at the beginning of each calendar and each fiscal year)

Description of Duties to be Performed: _____

_____

_____ _____ _____ _____
1. Requestor **Date** **2. Dean Approval** **Date**

_____ _____
3. VP 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 **FP Clearance** **HR Authorized Start Date**
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