



Palomar Community College District Request/Recommendation for Volunteer Service

Section A – Department completes

_____ has volunteered to assist the _____
(Volunteer's Name) (Department)

in the following ways: _____

It is expected that these services will be provided from _____ to _____.
(MM/DD/YY) (MM/DD/YY)

For approximately _____ hours daily weekly monthly

I recommend that the above named individual be approved to perform these services.

Supervisor Name and Title (Print) Signature Date

Department Chair/Administrator Signature Date

Section B – Volunteer completes

I, _____, request and acknowledge that the Palomar Community College District shall consider my volunteer services to be deemed as an unpaid employee of Palomar College. I also understand that Palomar College shall have the right to check my Department of Motor Vehicle driving record. This is because certain District volunteers may be called upon in their status to provide transportation or operate District vehicles. I also understand that a fingerprint check and background investigation similar to a regular school employee will be conducted. In return, I acknowledge that if I am injured while working on behalf of the District, that I will be covered by the District's Workers' Compensation coverage. I also understand that my working status does not begin until I have signed in on the work site Volunteer Register, and that I am responsible for properly signing in and out each day. Further, I affirm that to my knowledge I am in good health and physical condition and will complete a TB skin test and submit results to the College before beginning volunteer services.

Legal Name _____ Signature _____

Address _____ City/State/Zip _____

Social Security # _____ Drivers License # _____

Home Phone (____) _____ Cell Phone (____) _____

Emergency Contact _____ Relationship: _____ Phone (____) _____

I have read and understand the above conditioned consent to that above individual's participation as a volunteer/unpaid employee of Palomar College.

Parent/Guardian Signature if volunteer is a minor Date

Section C – For HR official use

Reviewed by Human Resource Services

Signature Date Requirements Completed on: _____