

Human Resource Services Request/Recommendation for Volunteer Service

Section A – Department completes

Volunteer's Name:	Prior Employee/Volunteer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
School ID or SSN:			
Department:			
Description of duties volunteer will perform:			
Expected dates of service (MM/DD/YY):	From:	To:	
Estimated # of hours:	<input type="checkbox"/> daily <input type="checkbox"/> weekly <input type="checkbox"/> monthly		

Required to drive fleet vehicle yes no

Required to drive maintenance cart yes no

I recommend that the above named individual be approved to perform these services and Department mentioned above will be billed for Live Scan services.

Supervisor Name and Title (Print)

Supervisor Signature

Date

Department Dean/Director Signature

Date

Vice President 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 unpaid. I 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. Also, 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. Further, I affirm that I will complete a TB skin test/TB Risk Assessment and submit results to the College before beginning volunteer services.

Legal Name (Print) _____ Signature _____

Address _____ City/State/Zip _____

Email Address: _____ Primary Phone _____

Will be used as primary mode of communication during pre-volunteer process.

Emergency Contact _____ Relationship _____ Phone _____

If volunteer is a minor: I have read and understand the above conditioned consent to that above individual's participation as an unpaid volunteer of Palomar College.

Parent/Guardian Name (Print)

Signature

Date

Section C – For HR official use

Reviewed by Human Resource Services

Signature

Date

Requirements Completed on _____

Approved Disapproved