



SAN BERNARDINO COMMUNITY COLLEGE DISTRICT

VOLUNTEER SERVICE FORM

Conditions of Volunteering

A person may be permitted by the governing board of any community college district to serve as a nonteaching volunteer aide under the immediate supervision and direction of the appropriate personnel of the district to perform noninstructional work that serves to assist district faculty, staff and administrators. A volunteer aide shall not be an employee of the district, and shall serve without compensation of any type or other benefits accorded to employees of the district. * The college/district may not utilize volunteers in lieu of classified employees, and no college may refuse to employ a person in a vacant classified position and use volunteers instead. Volunteer service forms are valid for entire fiscal year for each volunteer assignment within the district.

*Except as provided in Section 3364.5 of the Labor Code
Referenced: CA. Ed. Code Section 72401 & SBCCD AP 7500

To Be Completed by Volunteer

Volunteer's Name: _____ Date of Birth: _____
Address/City/Zip: _____ Phone: _____
Emergency Contact Name/Phone #/Relationship: _____

Acknowledgement of Service:

I, _____, acknowledge that I will be serving in an activity that is in "at will" capacity, without the expectation of compensation or any benefits, and I will not be an employee of the San Bernardino Community College District or any of its colleges/departments/divisions/sites. Volunteers are employees of the District only for the purpose of worker's compensation benefits for injuries or illnesses sustained while engaged in the performance of any service under the direction and control of the District. I understand that I may be subject to fingerprinting for the purposes of a criminal background check prior to beginning my volunteer service.

Volunteer's Signature _____ Date _____

To Be Completed by Supervisor

Supervisor's Name: _____ Supervisors' Title: _____
Department: _____ Work Site: _____
Description of duties volunteer will perform: _____

Begin Date of Service: _____ End Date of Service: _____ # of Hours Per Week: _____
Supervisor's Signature: _____ Date: _____

For Administration/Human Resources Only

Received On: _____ Board Approval Date: _____