

# Human Resources – Volunteer Request Form and Instructions TO BE COMPLETED BY VOLUNTEER (Print clearly if handwritten)

Name:		Today's Date:			
Street Address:					
City:	State: CA	Zip Code:			
Phone Number:	Email Address:				
Highest Education Level After High School Achieved:					

## **Volunteer Aide Board Policy 7500**

The Board of Trustees authorizes the use of nonteaching volunteer aides to perform non-instructional work which serves to assist academic personnel in the performance of teaching and administrative responsibilities. Such a nonteaching 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, except that such volunteer aides shall be entitled to workers' compensation benefits should they be injured while performing service under the direction and control of the governing board of the district.

The district shall not abolish any of its classified positions and utilize volunteer aides in lieu of classified employees who are laid off as a result of the abolition of a position nor may the district refuse to employ a person in a vacant classified position and use volunteer aides in lieu thereof.

It is the intent of the board to permit the use of volunteer aides to enhance the district's educational program, but not to permit displacement of classified employees nor to allow the district to utilize volunteers in lieu of normal employment requirements. A list of active volunteers and their assignments and schedules will be maintained in the Personnel office and will be available for review.

## **Approval of Volunteer Aide**

#### Approval by the director, human resources is required prior to the date a volunteer begins.

This form must be completed when recommending approval of volunteer aides. It is essential that all of the requested information be filled in completely and received by the office of human resources at least two weeks prior to the volunteer's beginning date.

The volunteer will be required by California Education Code Section 87408.06 to provide verification of freedom from active tuberculosis, if the volunteer will have frequent or prolonged contact with students. However, Allan Hancock College Policy requires all staff, faculty and volunteers to have tuberculosis clearance. A copy of the TB test should be forwarded separately to the Office of Human Resources with the notation "volunteer". Do not attach the certificate to this form.

The volunteer will also be required to complete a Department of Justice (D.O.J.) fingerprint clearance. The clearance report must be received in the Office of Human Resources prior to performing any volunteer aide duties.

Penal code section 290(a)1(A) requires that sex offender registrants must register with campus police.

# **Volunteer Acknowledgment**

I understand that as a volunteer aide, I am not an employee of Allan Hancock College per California Education Code Section 72401. However, I do understand that I am covered by workers' compensation benefits if I am injured while performing services under the direction and control of the college. If I am injured while performing volunteer services, I will inform my immediate supervisor and/or the Office of Human Resources, Santa Maria Campus, building U (805) 922-6966 x3338, within 24 hours of injury.

You will be required to wear a volunteer badge daily throughout assignment, you will need to return the badge to the department t	•		•	
I have read and understand the job assignment/duties statement.				
Volunteer's Signature:		Today's Date:		
***Volunteer cannot begin any assignments until all required	l authori	zations hav	ve been approved.	
TO BE COMPLETED BY DIST	FRICT ST	TAFF:		
Name (volunteer):	Today's	Date:		
Location Of Assignment:				
Department/Office: Supervisor (print name):				
Starting Date: (*Allow at least 7-10-working days for approval routing)	Ending l	Date (within	fiscal year/ July 1-June 30)	
Required to answer the next two yes/no questions by appropria	ate	Circle or ✓	Circle or ✓	
Is the position defined by a district classification?		Yes	No	
Does the position duplicate a position that exists in the district		Yes	No	
Describe assignment duties in detail including hours and days:				
1. Administrator's Signature:		Date:		

## TO BE COMPLETED BY THE OFFICE OF HUMAN RESOURCES:

TB Expiration & FP Date:	Notification of Approval:	Board Report Date:

Date:

Date:

2. Approval by Appropriate Vice President:

3. Final Approval required by the Director, Human Resources: