

FEATHER RIVER COMMUNITY COLLEGE DISTRICT

APPLICATION FOR VOLUNTARY SERVICES

This information will assist in authorizing your services in accordance with FRCCD Administrative Procedure 7500. The services to be performed by the applicant are voluntary. The applicant is a volunteer employee of FRCCD. **Must be accompanied by a picture ID.**

VOLUNTEER:				
Name: _____		Social Security # _____		
Address: _____				
	Mailing Address	City	State	Zip Code
Telephone (____)	_____		Are you 18 years or older? _____	
Person to notify in case of emergency:				

Name	Physical Address		Telephone	
_____			_____	
Signature			Date	

SUPERVISOR:	
Name of Supervisor: _____	Title _____
Type of work to be performed: _____	
Starting date: _____	Ending date: _____ Hours of work: _____ days/time
Work location: _____	
Does this volunteer service supplement the workforce and not displace it? YES [] NO []	
Is this individual in paid status with this District in this same position? YES [] NO []	
<i>I certify volunteers are also properly informed about campus COVID-19 prevention policies and have necessary supplies and PPE.</i>	

Signature	Date

ADMINISTRATOR OF DEPARTMENT:	
Do you approve this volunteer service as necessary during COVID-19 YES [] NO []	

Signature	Date

DIRECTOR, HUMAN RESOURCES/EEO	

Signature	Date

cc: Supervisor

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