

**APPLICATION/REGISTRATION FORM FOR DESIGNATED VOLUNTEER SERVICE WITHOUT PAY
Riverside Community College District**

To be a "Designated" Volunteer, a person must be a member of a group or class of Volunteers, designated by the Board of Trustees, pursuant to a Resolution, for purposes of workers' compensation and liability coverage for performing such volunteer services without pay for the District. It is the intent of the Board that the following groups or classes of Volunteers be designated Volunteers of the District for the purposes of workers' compensation and liability coverage while performing such voluntary services without pay for the District.

DESIGNATED GROUPS OR CLASSES OF VOLUNTEERS:

1. Students enrolled in approved RCCD career/technical programs, where the program curriculum requires the student to participate in off-site clinical or internship work;
2. Student aides requested by faculty members, and approved by the Dean of Instruction, or designee, to assist in teaching tasks on a short-term basis.
3. Persons requested by faculty members, and approved by the Dean of Instruction, or designee, to assist in tasks not normally performed by the classified staff.
4. Persons requested by Student Services, and approved by the Vice President of Student Services, or designee, to work on special projects through ASRCC or Tiger Backers.
5. Interns under approved programs and authorized by the program's Dean/Director, or designee.
6. Persons serving at the District's/College's request for a community-related event or program.

To be registered, persons who fall into one of the designated groups or classes, must be listed on a roster of volunteer workers. The Diversity and Human Resources Department (DHR) shall keep and maintain the roster and shall establish procedures to register designated volunteers. DHR shall not register Volunteers who are not designated. **Individuals on the roster of designated volunteers may remain on the list for a maximum period of six (6) months, at which time the registration will expire, unless renewed.**

VOLUNTEER -COMPLETE THE FOLLOWING (Please Print):

Name: _____ Phone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Student ID#, if applicable: _____

Are you 18 years of age or older? Yes No (If under the age of 18, parental consent is **required**. Please have parent/guardian sign in the space provided below.

Group or class number (see above list) which qualifies you as a designated volunteer: _____

If applicable, nature of work to be performed or program in which you are enrolled: _____

Department for whom work is to be performed: _____

Assignment Dates: From: _____ through: _____

Have you ever been convicted of a crime? Yes No If yes, please list the nature of the crime: _____

Signature of Volunteer: _____

I am the parent/legal guardian of the participant listed above, who is a minor, and consent to their volunteering for the department noted above _____

(Print Name)

(Signature)

Approved by (signature of Director/Dean, Vice President): _____

ALL VOLUNTEERS MUST ALSO FILL OUT A DISTRICT EMERGENCY CARD. ANY VOLUNTEERS WORKING IN A SETTING WITH MINORS MUST ALSO TAKE A TB TEST AND BE FINGERPRINTED.

**RIVERSIDE COMMUNITY COLLEGE DISTRICT
EMERGENCY INFORMATION FORM FOR DISTRICT PERSONNEL**

Employee Legal Name _____
(Must match name exactly as it appears on your Social Security Card)

Preferred Name _____ SS ###-##-_____

Position Title/Department _____ P/T ____ / F/T ____

Home Address _____
(Number) (Street) (Apt#) (City) (State) (Zip Code)

Home Phone # (____) _____ Work Phone # (____) _____

Emergency Contact Person: _____

Contact Person:

Home Phone # (____) _____ Work Phone # (____) _____

Cell Phone # (____) _____ Other Phone # (____) _____

Home Address _____

Doctor to be called in case of emergency:

1st Choice _____ Phone # (____) _____

2nd Choice _____ Phone # (____) _____

3rd Choice _____ Phone # (____) _____

Hospital Preferred:

1st Choice _____

Address _____

2nd Choice _____

Address _____

No Preference for Hospital and/or Doctor: _____

INFORMATION TO BE CONFIDENTIAL?

YES

NO

Signature _____

Date _____