

# **The CENTER for SOCIAL JUSTICE & CIVIL LIBERTIES**

## **RIVERSIDE COMMUNITY COLLEGE DISTRICT**

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### **VOLUNTEER INTEREST FORM**

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**Thank you for your interest in volunteering at the Center for Social Justice & Civil Liberties!**

We are a unique educational center, community space and art museum that provides a space for dialogue concerning historical and contemporary social justice issues. The Center is part of the Riverside Community College District, and we provide a wide range of free programming, such as art workshops, poetry readings, book discussions, and author talks.

#### **Requirements**

Volunteers must be committed to volunteering at the Center. If you are younger than 18, you will need parental permission.

#### **Duties**

Volunteers may assist with greeting visitors, answering visitor questions, assisting with tours or giving tours, assisting in the archive room, or assisting with events.

#### **Steps**

1. Complete the volunteer interest form\*
2. Complete and submit the application registration documents
3. Pass screening/background check

**\*Please note that this is the first of many forms you will need to fill out**

#### **Personal Information**

<b>First Name</b>	
<b>Last Name</b>	
<b>Preferred Name</b>	
<b>Pronouns</b>	
<b>Phone Number</b>	
<b>E-mail</b>	

### Availability

Please provide your availability below

<b>Tuesdays</b>	<b>From:</b>	<b>To:</b>
<b>Wednesdays</b>	<b>From:</b>	<b>To:</b>
<b>Thursdays</b>	<b>From:</b>	<b>To:</b>
<b>Fridays</b>	<b>From:</b>	<b>To:</b>
<b>Saturdays</b>	<b>From:</b>	<b>To:</b>

### Education Level

- ☐ Some high school
- ☐ High school diploma/GED
- ☐ Some college
- ☐ Associate's degree
- ☐ Bachelor's degree
- ☐ Master's degree
- ☐ Doctorate degree

Are you affiliated with the Riverside Community College District?

☐ Yes

☐ No

If you checked yes, please indicate below

- ☐ Student
- ☐ Faculty
- ☐ Staff
- ☐ Alum

Have you had any previous experience volunteering or working in a museum?

☐ Yes

☐ No

**Why are you interested in volunteering at The Center for Social Justice & Civil Liberties?**

**Please List two references below**

<b>1.Name</b>	
<b>Email</b>	
<b>Telephone Number</b>	
<b>2.Name</b>	
<b>Email</b>	
<b>Telephone Number</b>	

**Briefly list any relevant skills that you may have**

# 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 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 Human Resources & Employee Relations Dept. (HRER) shall keep and maintain the roster and shall establish procedures to register designated volunteers. HRER 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.**

**REQUEST FOR LIVE SCAN SERVICE**

BCII 8016 (3/07)

***Applicant Submission***

ORI: A0396 Type of Application: Employment  
Code assigned by DOJ  
Job Title or Type of License, Certification or Permit: Volunteer

Agency Address Set Contributing Agency:

Riverside Community College District02185

Agency authorized to receive criminal history information

Mail Code (five-digit code assigned by DOJ)

3801 Market StreetRose Espinoza-Leal

Street No. Street or PO Box

Contact Name (Mandatory for all school submissions)

RiversideCA92501( 951 ) 222-8797

City

State

Zip Code

Contact Telephone No.

Name of Applicant:

(Please print)

Last

First

MI

Alias:

Last

First

Driver's License No:

Date of Birth: Sex: ☐ Male ☐ Female

Misc. No. BIL -

Agency Billing Number

Height: Weight:

Misc. Number: N/A

Home Address:

Eye Color: Hair Color:

Street No. Street or PO Box

Place of Birth:

City, State and Zip Code

Social Security Number:

Your Number:

OCA No. (Agency Identifying No.)

Level of Service: ☒ DOJ ☒ FBIIf resubmission, list Original ATI  
Number:

Employer: (Additional response for agencies specified by statute)

Employer Name

Street No. Street or PO Box

Mail Code (five digit code assigned by DOJ)

City State Zip Code

( )  
Agency Telephone No. (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

ATI No.

Amount Collected/Billed