



Human Resources Division

Employee Services Department

Payroll | Payroll Accounting | Benefits | Retirement | Employment | HR Systems

Date: _____

To: Human Resources

From: _____

Site: _____

RE: VOLUNTEER/INTERN WORKER REGISTRATION FORM

Volunteer Name: _____ Date of Birth: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Cell Phone Number: _____ Home Phone Number: _____ CSID: _____

SSN/NID: _____ Personal Email: _____

Emergency Contact Person's Name & Number: _____

District Site & Department: _____

Dates of Assignment: Begin Date: _____ End Date: _____

Hours per Week: _____ Days per week: _____

Is this volunteer assistant associated with an approved District Program? Yes No

If yes: Program Name: _____

Summary of Volunteer duties: _____

Will volunteer:

➤ Operate vehicle? Yes No CDL Number: _____

➤ Handle hazardous materials? Yes No If yes, describe: _____

➤ Work under supervision of a District employee? Yes No

➤ Work with juveniles? Yes No

Supervisor's Name (Print)

Supervisor's Signature Date

Dean/Manager Name (Print)

Dean/Manager's Signature Date

Risk Management Use Only

Reviewed by: _____ Date: _____

Thank you for generously sharing your time and expertise with SDCCD