



# SAN DIEGO COMMUNITY COLLEGE DISTRICT

3375 Camino del Rio South  
San Diego, California 92108-3883  
619-388-6500

CITY COLLEGE | MESA COLLEGE | MIRAMAR COLLEGE | CONTINUING EDUCATION

Date: \_\_\_\_\_

To: Tom Eggleston, Risk Manager  
Site: District Office, Suite 385

From: \_\_\_\_\_  
Site: \_\_\_\_\_

RE: **VOLUNTEER WORKER REGISTRATION FORM**

The following individual will be volunteering time and service:  
(Print Please)

Volunteer Name: \_\_\_\_\_

Home Address & Phone: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Emergency contact name & phone number: \_\_\_\_\_

District Site & Department: \_\_\_\_\_

Dates of Assignment: from: \_\_\_\_\_ to: \_\_\_\_\_

# Days and # Hours per week: \_\_\_\_\_

Describe Volunteer duties: \_\_\_\_\_

Name of Supervisor \_\_\_\_\_

Signature of Supervisor: \_\_\_\_\_

Name of Dean/Manager: \_\_\_\_\_

Signature of Dean/Manager: \_\_\_\_\_

Thank you for generously sharing your time and expertise with S.D.C.C.D.

**PLEASE CAREFULLY PRINT EVERYTHING EXCEPT SIGNATURE LINES AND FORWARD COMPLETED FORM TO RISK MGMT. STE. 385, DISTRICT OFFICE.**