



# SAN DIEGO COMMUNITY COLLEGE DISTRICT

CITY COLLEGE • MESA COLLEGE • MIRAMAR COLLEGE • COLLEGE OF CONTINUING EDUCATION

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

To: People, Culture, and Technology Services (HR)

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

*People, Culture, and Technology Services Use Only*

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for generously sharing your time and expertise with SDCCD