

PASADENA AREA COMMUNITY COLLEGE DISTRICT
Office of Human Resources

Request for Volunteer Assignment

TO BE COMPLETED BY VOLUNTEER

Name (please print) _____ Social Security # _____

Address _____ City _____ State _____ Zip _____

Email Address _____

(_____) _____ Male _____ Female _____
Area Code Phone Number Date of Birth

NOTE: Individuals cannot volunteer for the same services for which they have previously received compensation.

Are you currently working or volunteering in another department or division? Yes ___ No ___

Please indicate where: _____

Signature _____ Date _____

TO BE COMPLETED BY DEPARTMENT

Supervisor _____ Ext. _____ Department _____
(Please Print)

CONDITION FOR VOLUNTEERS

- **Must pass livescan background**
- **Duration of assignment not to exceed current fiscal year**
- **Serves without compensation**
- **Must not perform work typically performed by a regular employee**

mm / dd / yy
Requested Start Date

Does the volunteer require an email address and/or network access? Yes ___ No ___

Please provide a brief description of the worked to be performed: _____

PLEASE NOTE: New volunteers **CANNOT** start volunteering until the manager receives an email approval indicating the effective start date from Human Resources. All volunteers will be terminated at the end of the fiscal year (June 30th). Department will need to resubmit this form to re-instate a volunteer.

Requested by _____ Signature _____
Cost Center Manager's Name (please print)

TO BE COMPLETED BY HUMAN RESOURCES

Assistant Director, Human Resources Signature _____ Date _____ Authorized Start Date _____