

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 _____

(_____) _____ 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

EMP#: _____

Please provide a brief description of the work 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.

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

TO BE COMPLETED BY HUMAN RESOURCES

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