

APPLICATION FOR VOLUNTEER SERVICES

INSTRUCTIONS

No Volunteer should start without clearance.

The information contained in this form shall be used in connection with all volunteer activities for the Los Angeles Community College District.

Volunteer: Complete Section 1, forward this form to the volunteer service area supervising administrator and forward your Live Scan Form and Volunteer Report of Convictions form to the Campus Personnel Office.

Supervising Administrator: Complete Administrative Use Section and forward to the Campus Personnel Office.

Campus Personnel Office: Forward this form to the ESC Human Resources Office; forward the Live Scan Form and the Volunteer Report of Convictions Form to the Office of Employer Employee Relations for review.

No volunteer shall commence activity prior to getting full clearance by Human Resources. For INTERNS: Please see HR Form R-331B (Do NOT use this form)

SECTION 1. VOLUNTEER APPLICANT INFORMATION

NAME	DATE OF BIRTH			
STREET ADDRESS				
CITY		STATE	Zip	
On		OIAIL	2 11	
HOME TELEPHONE		ALTERNATE TI	ELEPHONE	
EMERGENCY CONTACT	Ā	ADDRESS	PHONE NO.	
Volunteer Signature		Date		
		FOR ADMINISTRATIVE USE ONL	Y	
VOLUNTEER DESCRIPTION (TO BE COMPLETED BY SUPERVISING ADMINISTRATOR)				
DEPARTMENT		Location		
CONTACT PERSON/IMMEDIATE SUPERVISOR	2	CONTACT PHONE		
DESCRIPTION OF VOLUNTEER ACTIVITIES (F	LEASE EL	ABORATE):		
DATES NEEDED: FROM	И	To		
I HAVE REVIEWED THE DESCRIPTION OF D OF ANY BARGAINING UNIT EMPLOYEES.	UTIES AN	D CONFIRM THAT THE AFOREMENTIONED VO	LUNTEER WILL NOT BE PARTICIPATING IN THE DUTIES	
VICE PRESIDENT OR DESIGNEE PRINTED NAME DATE				
VICE PRESIDENT OR DESIGNEE SIGNATURE				
HEAD OF HUMAN RESOURCES USE ONLY				
Clear:		Do not clear:	Approved by/Date:	