

## FOOTHILL-DE ANZA COMMUNITY COLLEGE DISTRICT Risk Management Office

## **VOLUNTEER-OF-RECORD**

This is a request that the following person be recognized by the District as a Volunteer-of-Record for the time and activity shown.

Name of Volunteer: (Please Print):	
Address of Volunteer:	
City, State and Zip code:	
Volunteer's Date of Birth:	
Services to be Provided:	
Dates & Times of Service:	
Requested By: (Please Print):	
Supervisor's Name:	
Campus/Department:	
Telephone Number:	
Date of Request:	
Dean/Dept.Head	
Driving Information (Complete this .	section only if Volunteer will be driving on District business):
California Driver's License	No.:Expires:
Personal Car Insurance Cor	npany:
Policy Number:	Expires:
to any driving activity for the District	bobtain his/her driving record from the Department of Motor Vehicles prior *. When the Volunteer drives his/her own car in the course of District surance will pay first in case of an accident.
Effective March 1, 2012 all prospecti volunteering.	ve volunteers must be fingerprinted and have received the results prior to
the 1993 downsizing in the District, a job that was eliminated would be fille	excludes coverage for the rendering of professional service. As a result of n agreement was reached with SEIU in which the District agreed that no d by a volunteer. The department head/dean must verify that the voluntee ld violate the District's agreement with SEIU.
I confirm that the volunteer requested performed by an eliminated position.	in the attached volunteer of record form will not perform tasks previously
Approval/Signature of Dean/Department Hea	nd Date
Send this form to Risk Management Complete before an approval can be n	Office, FHDA District, when completed. (All information must be nade.)
Approval of Risk Management	
* Driving Record Release form must	