

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: _____

Date of Birth: _____

Services to be Provided: _____

Dates & Times of Service: _____

Requested By: (Please Print:)

Supervisor's Name: _____

Campus/Department: _____

Telephone Number: _____

Date: _____

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 Company: _____

Policy Number: _____ Expires: _____

Volunteer shall permit the District to obtain his/her driving record from the Department of Motor Vehicles prior to any driving activity for the District. When the Volunteer drives his/her own car in the course of District volunteer work, the Volunteer's car insurance will pay first in case of an accident.

The District insurance for volunteers excludes coverage for the rendering of professional service.

As a result of the 1993 downsizing in the District, an agreement was reached with SEIU in which the District agreed that no job that was eliminated would be filled by a volunteer. The department head/dean must verify that the volunteer will not be used for services that would violate the District's agreement with SEIU.

I confirm that the volunteer requested in the attached volunteer of record form will not perform tasks previously performed by an eliminated position.

Approval/Signature of Dean/Department Head

Date

Send this form to Risk Management Office, District, when completed.
(All information must be complete before an approval can be made.)

Approval of Risk Management _____