

Volunteer Application Packet

Thank you for your interest in becoming a Volunteer at Sierra College. Please see below for instructions and information for this process.

The four items that need to be completed/approved, prior to your Volunteer position starting are:

- _____ 1. Sierra College Application for Volunteer Services (Form 4800-R1A)
- _____ 2. Student/Volunteer Participation in a Class/Activity Permission, Assumption of Risk, Hold Harmless, Indemnity, and Release of Liability, AND Medical Treatment Authorization Form
- _____ 3. TB Test Results (dated within 4 years)
- _____ 4. Livescan Finger Printing (Please see Human Resources for this form, after your application has been approved)

1. Please complete Section 1 of the Sierra College Application for Volunteer Services (Form 4800-R1A). Once you have completed Section 1, please give your application to your Supervisor/Manager to complete Section 2 and forward to the next step in the process.
2. Please complete and sign the Student/Volunteer Participation in a Class/Activity Permission, Assumption of Risk, Hold Harmless, Indemnity, and Release of Liability, AND Medical Treatment Authorization Form and turn it in with your application.
3. Please submit your TB Test Results with your application. TB Tests must be completed every four years. If you have had a TB Test done in the last four years, you can submit a copy of your results. If you have not, you can contact the Health Center at (916)660-7490 to schedule an appointment.
4. Once your application has been received in the Human Resources office, you can go to the Human Resources Office to obtain your Livescan Fingerprinting Form. You will need to contact Campus Security at (916)660-7120 to schedule an appointment to have your Livescan completed. Once your results are received by Human Resources, your Supervisor will receive an email stating that you are approved to start your Volunteer position.

If you have any questions, please contact Human Resources at (916)660-7105.

4800-R1A

SIERRA COLLEGE APPLICATION FOR VOLUNTEER SERVICES

Please complete this application completely and accurately. The information will assist us in authorizing your services in accordance with Board Policy and administrative rules and regulations.

SECTION 1 - Please Print-TO BE COMPLETED BY APPLICANT

Name: _____ Banner/Student ID: _____

Address: _____
Street City State Zip Code

Telephone Number _____ Date of Birth: _____

Social Security Number: _____

Email Address: _____

Whom Should be Notified in Case of Emergency?

Name	Address	Telephone#
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SECTION 2 - Please Print-TO BE COMPLETED BY SUPERVISOR/MANAGER

Name of Supervisor: _____ Title: _____

Type of Work to be Performed (*detailed information* please): _____

Starting Date: _____ Ending Date: _____ Hours of Work: _____ Work Location: _____
(days/time)

Does this position supplement the work force and not displace it?	YES	NO
Is this individual in paid status with this District in this same position?	YES	NO
Is this individual a registered student?	YES	NO
If yes, how many units? _____		

SECTION 3 - Please Print- TO BE COMPLETED BY NEXT LEVEL SUPERVISOR/MANAGER

Do you approve these services? YES NO

Print Name and Signature Date

SECTION 4 - Please Print- TO BE COMPLETED BY HUMAN RESOURCES

TB Date: _____ Liability Waiver _____

Director's Initials: _____



Student/Volunteer Participation in a Class/Activity Permission (1),
Assumption of Risk, Hold Harmless, Indemnity, and Release of Liability (2),
Medical Treatment Authorization (3)

Student/Volunteer Name: _____ and Student ID #: _____

hereby requests participation in the following college class/activity: _____

Class/ Activity Title: _____ Course Reference #: _____ Instructor: _____

Year: _____ Term (Check One): Fall Spring Summer

THIS FORM IS AN IMPORTANT LEGAL DOCUMENT. IN CONSIDERATION OF MY VOLUNTARY PARTICIPATION IN THE ABOVE CLASS/ACTIVITY, I CONFIRM THAT I HAVE CAREFULLY READ THIS FORM WHICH EXPLAINS THE RISKS I AM ASSUMING BY PARTICIPATING IN THE CLASS/ACTIVITY. I UNDERSTAND THAT IF I WISH TO DISCUSS ANY OF THE TERMS CONTAINED IN THIS AGREEMENT, I MAY CONTACT THE SIERRA JOINT COMMUNITY COLLEGE DISTRICT GENERAL SERVICES OFFICE AT (916)660-7623.

(1) Assumption of Risks:

I understand that the above-listed class/ activity, by its very nature, includes certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary, but may involve minor injury, major injury, and serious injury, including permanent disability and death, and severe social and economic losses which might result not only from my own actions, inactions, or negligence, but the actions, inactions, or negligence of others, the rules of play, or the condition of the premises or of any equipment used. **I understand and appreciate the risks that are inherent in the class/activity. I hereby assert and agree, on behalf of myself, my family, heirs, personal representative(s), and/or assigns, that my participation in the class/activity is voluntary and that I knowingly assume all such risks. I recognize the importance of following instructions regarding proper technique, training and other established safety rules, guidelines and regulations, but understand that I am ultimately responsible for my own safety, and I agree to abide by all rules and regulations governing the class/activity.**

(2) Hold Harmless, Indemnity and Release:

In consideration of permission to participate in the above listed class/activity, I agree here and forever, to the maximum extent permitted by law, for myself, my family, my heirs, personal representative(s), and/or assigns, to defend, hold harmless, indemnify and release, the Sierra Joint Community College District ("District"), its Board members, administrators, officers, agents, and employees, from and against any and all claims, demands, actions, or causes of action of any sort, present or future, on account of damage to personal property, or personal injury, or illness, or death which may result from my participation in the class/activity. This release specifically includes claims based on the negligence of the District and its Board members, administrators, officers, agents, and employees. **I understand that by agreeing to this clause I am releasing claims and giving up substantial rights, including my right to sue, and am doing so voluntarily. No representations, statements, or inducements, oral or written, apart from the foregoing written statement, have been made.**

(3) Medical Treatment Authorization:

I understand that the class/activity, by its very nature, includes certain inherent risks and could cause minor injury, major injury, and serious injury, including permanent disability and death. In the event of illness or injury, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, emergency transportation, and hospital care considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

In the event of an **emergency**, please contact:

Name: _____ Relationship: _____ Phone Number: _____

I ACKNOWLEDGE THAT I HAVE READ THE FOREGOING PARAGRAPHS, HAVE BEEN FULLY AND COMPLETELY ADVISED OF THE POTENTIAL DANGERS INCIDENTAL TO ENGAGING IN THE CLASS/ACTIVITY, AND AM FULLY AWARE OF THE LEGAL CONSEQUENCES OF SIGNING THIS PERMISSION, ASSUMPTION OF RISK, AND HOLD HARMLESS, INDEMNITY AND RELEASE. I FURTHER ACKNOWLEDGE THAT THE DISTRICT DOES NOT PROVIDE LIABILITY OR MEDICAL INSURANCE COVERAGE FOR PARTICIPANTS WHO PARTICIPATE IN THIS CLASS/ACTIVITY.

_____	_____	_____
<i>Student/Volunteer Signature</i>	<i>Student/Volunteer Printed Name</i>	<i>Date</i>
_____	_____	_____
<i>Parent/Guardian Signature (if Student/Volunteer is under age 18)</i>	<i>Parent/Guardian Printed Name</i>	<i>Date</i>



TUBERCULOSIS EXAMINATION

In accordance with Education Code Section 87408.6, a community college employee is required to undergo an examination to assure freedom from tuberculosis. This examination is required upon initial employment and at least once every four years.

Locations Available for Intradermal Testing:

1. Sierra College Health Services, Rocklin Campus, Winstead Building, Room 192, (916) 660-7490
2. Sierra College Health Services, Nevada County Campus, Room C-106, (530) 274-5317

If a chest X-Ray is necessary, please check with the Sierra College Health Services for available facilities and required paperwork.

Test results to be returned to Human Resources in person, by mail (5100 Sierra College Blvd, Rocklin CA 95677), or by fax (916) 630-4509.

The above procedure is a condition of initial and continued employment. Failure to comply will result in termination.