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.
- 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 will receive an email. At that time, you will schedule your LiveScan appointment with Campus Security at (916)660-7120 and email Human Resources with your appointment date and time. Your Livescan Fingerprinting Form will be emailed to you for you to print out and take with you to your appointment. When your results are received by Human Resources, you and 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.



HUMAN RESOURCES DEPARTMENT MEMORANDUM

TUBERCULOSIS EXAMINATION

In accordance with Education Code Section 87408.6, a community college employee is required to undergo a TB examination to assure freedom from tuberculosis. This examination is *required* for initial and *continued employment* and must be taken every four years thereafter.

We do accept documentation if you have had a test done with another school district or agency. Please send a copy of this test to the Human Resources office.

If you need to have a new test performed, <u>please contact one of the Sierra College Health Centers first</u>. The process has changed for TB tests over the past several years and most don't have to get the skin test any more, which means no need to go in to a health facility. Our Health Center can ask a series of questions to determine if a skin test or X-Ray is necessary. This can be done over the phone and there is no cost to you. Please contact the Health Center to discuss your options and to set up a phone appointment. Except for new hires, Health Services will schedule screening after the first 5 weeks of the semester.

Rocklin Campus Health Center: 916-660-7490 (Winstead Building - L183) Nevada County Campus Health Center: 530-274-5317 (Room N3-101)

Results should be received in our office as soon as possible.

If you have any questions, please email hr@sierracollege.edu. Thank you!

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 BECOMPLETED BY APPLICANT

lame:		Banner/Student ID:				
Address:Street		0.1		7 . 0		
		City	State	Zip Code		
elephone Number		Date of Birth:				
Social Security Number:						
mail Address:						
Vhom Should be Notified in Cas	e of Emergency?					
Name	Address		Te	elephone#		
SECTION 2 - Please P	rint-TO BE COMPLETED	BYSUPERVIS	OR/MANAGER	<u> </u>		
ame of Supervisor:Title:						
Starting Date:Endir		urs of Work	Work	Location		
	(da	ys/time)	Work	Location		
Does this position supplement the	(da	ys/time)				
Does this position supplement the	(da e work force and not displace th this District in this same ent?	ys/time)	YES	NO		
Does this position supplement the ls this individual in paid status with position? Is this individual a registered stud lfyes, howmanyunits?	(da e work force and not displace th this District in this same ent?	rys/time) se it?	YES YES YES	NO NO NO		
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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/Volun	teer Name:	aı	and Student ID #:			
hereby requests	s participation in the following colle	ge class/activity:				
Class/Activity	Title:	Course Referen	ce #:	Instructor:		
Year:	Term (Check One): ☐ Fall	Spring [Summer			
ABOVE CLASS	AN IMPORTANT LEGAL DOCUM S/ACTIVITY, I CONFIRM THAT I PARTICIPATING IN THE CLASS/A	HAVE CAREFULLY R				
of the care take permanent disa inactions, or ne equipment used behalf of myse voluntary and technique, trai	n of Risks: at the above-listed class/activity, by en to avoid injuries. The specific risk ability and death, and severe social a gligence, but the actions, inactions, o d. I understand and appreciate the elf, my family, heirs, personal repr that I knowingly assume all such ning and other established safety re r my own safety, and I agree to abid	ss vary, but may involved and economic losses where the regligence of others, the risks that are inherent resentative(s), and/or a risks. I recognize the itules, guidelines and regular the sules, guidelines and regular resentative sules, guidelines and regular r	e minor injury, ma hich might result r he rules of play, or t in the class/activ ssigns, that my p mportance of follo gulations, but und	ajor injury, and serious not only from my own or the condition of the parity. I hereby assert and participation in the clauding instructions re- derstand that I am ultimate and the clauding instructions re-	s injury, including actions, remises or of any nd agree, on ass/activity is garding proper	
In consideration permitted by latindemnify and agents, and en on account of collass/activity. To officers, agents, rights, including	nless, Indemnity and Release: on of permission to participate in the law, for myself, my family, my heirs, release, the Sierra Joint Communication ployees, from and against any and damage to personal property, or personal elease specifically includes claim, and employees. I understand that I may my right to sue, and am doing softrom the foregoing written statement.	, personal representativity College Distinct ("I all claims, demands, a sonal injury, or illness, coms based on the negligeby agreeing to this clauo voluntarily. No repr	re(s), and/or assig District"), its Boar ctions, or causes or death which may ence of the District se I am releasing of	gns, to defend, hold hat and members, administ of action of any sort, p by result from my partic and its Board member claims and giving up s	armless, trators, officers, resent or future, cipation in the rs, administrators, substantial	
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Studen	tt/Volunteer Signature	Stuc	dent/Volunteer Print	ted Name	Date	
 Parent/Guardian	signature (if Student/Volunteer is under a		Parent/Guardian Printed Name		Date	