

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 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, please contact one of the Sierra College Health Centers first. 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 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: _____ LiveScan Date: _____ Liability Waiver: _____

Human Resources Initials: _____

