

**APPLICATION/REGISTRATION FORM FOR DESIGNATED VOLUNTEER SERVICE WITHOUT PAY  
Riverside Community College District**

To be a "Designated" Volunteer, a person must be a member of a group or class of Volunteers, designated by the Board of Trustees, pursuant to a Resolution, for purposes of workers' compensation and liability coverage for performing such volunteer services without pay for the District. It is the intent of the Board that the following groups or classes of Volunteers be designated Volunteers of the District for the purposes of workers' compensation and liability coverage while performing such voluntary services without pay for the District.

**DESIGNATED GROUPS OR CLASSES OF VOLUNTEERS:**

1. Students enrolled in approved RCCD career/technical programs, where the program curriculum requires the student to participate in off-site clinical or internship work;
2. Student aides requested by faculty members, and approved by the Dean of Instruction, or designee, to assist in teaching tasks on a short-term basis.
3. Persons requested by faculty members, and approved by the Dean of Instruction, or designee, to assist in tasks not performed by the classified staff.
4. Persons requested by Student Services, and approved by the Vice President of Student Services, or designee, to work on special projects through ASRCC or Tiger Backers.
5. Interns under approved programs and authorized by the program's Dean/Director, or designee.
6. Persons serving at the District's/College's request for a community-related event or program.

To be registered, persons who fall into one of the designated groups or classes, must be listed on a roster of volunteer workers. The Human Resources & Employee Relations Dept. (HRER) shall keep and maintain the roster and shall establish procedures to register designated volunteers. HRER shall not register Volunteers who are not designated. **Individuals on the roster of designated volunteers may remain on the list for a maximum period of six (6) months, at which time the registration will expire, unless renewed.**

**VOLUNTEER –COMPLETE THE FOLLOWING (Please Print):**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Student ID#, if applicable: \_\_\_\_\_

Are you 18 years of age or older?  Yes  No (If under the age of 18, parental consent is **required**. Please have parent/guardian sign in the space provided below.

Group or class number (see above list) which qualifies you as a designated volunteer: \_\_\_\_\_

If applicable, nature of work to be performed or program in which you are enrolled: \_\_\_\_\_

Department for whom work is to be performed: \_\_\_\_\_

Assignment Dates: From: \_\_\_\_\_ through: \_\_\_\_\_

Have you ever been convicted of a crime? Yes  No  If yes, please list the nature of the crime: \_\_\_\_\_

Signature of Volunteer: \_\_\_\_\_

I am the parent/legal guardian of the participant listed above, who is a minor, and consent to their volunteering for the department noted above \_\_\_\_\_ / \_\_\_\_\_  
(Print Name) (Signature)

Approved by (signature of Director/Dean, Vice President): \_\_\_\_\_

**ALL VOLUNTEERS MUST ALSO FILL OUT A DISTRICT EMERGENCY CARD. ANY VOLUNTEERS WORKING IN A SETTING WITH MINORS MUST ALSO TAKE A TB TEST AND BE FINGERPRINTED.**

**RIVERSIDE COMMUNITY COLLEGE DISTRICT  
EMERGENCY INFORMATION FORM FOR DISTRICT PERSONNEL**

Employee Legal Name \_\_\_\_\_  
(Must match name exactly as it appears on your Social Security Card)

Preferred Name \_\_\_\_\_ SS ###-##-\_\_\_\_\_

Position Title/Department \_\_\_\_\_ P/T \_\_\_\_ / F/T \_\_\_\_

Home Address \_\_\_\_\_  
(Number) (Street) (Apt#) (City) (State) (Zip Code)

Home Phone # (\_\_\_\_) \_\_\_\_\_ Work Phone # (\_\_\_\_) \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_

Contact Person:

Home Phone # (\_\_\_\_) \_\_\_\_\_ Work Phone # (\_\_\_\_) \_\_\_\_\_

Cell Phone # (\_\_\_\_) \_\_\_\_\_ Other Phone # (\_\_\_\_) \_\_\_\_\_

Home Address \_\_\_\_\_

Doctor to be called in case of emergency:

1<sup>st</sup> Choice \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

2<sup>nd</sup> Choice \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

3<sup>rd</sup> Choice \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Hospital Preferred:

1<sup>st</sup> Choice \_\_\_\_\_

Address \_\_\_\_\_

2<sup>nd</sup> Choice \_\_\_\_\_

Address \_\_\_\_\_

No Preference for Hospital and/or Doctor: \_\_\_\_\_

**INFORMATION TO BE CONFIDENTIAL?**

**YES**

**NO**

Signature \_\_\_\_\_

Date \_\_\_\_\_