

## VOLUNTEER OF RECORD FORM

### INSTRUCTIONS:

1. All volunteers must first have their VOR form initiated by their Campus Representative, **not by the volunteer**, followed by a Livescan with District Police for background check and clearance procedures.
2. Complete and submit the VOR form for both NEW and RETURNING Volunteers **at least two weeks** prior to the anticipated Start Date.
3. For NEW Volunteers:
  - a. Schedule a Livescan appointment for fingerprinting and background check with the FHDA Police Department; Livescan services are offered at both campuses. Contact Joe Mauss to arrange the location/time for an appointment at [maussjoe@fhda.edu](mailto:maussjoe@fhda.edu).
  - b. Identify yourself as a District Volunteer. A copy of the completed VOR form is not required at the scheduled appointment, and there is no cost for the prospective Volunteer to have fingerprinting and background check with the district.
  - c. The VOR form will be approved only after the Volunteer has completed the Livescan and has been “cleared” by the FHDA Police Department; **Campus Representative or Requestor should contact the FHDA Police Department directly to check on the Volunteer’s clearance status.**
4. For RETURNING Volunteers:
  - a. Returning volunteers working consistently for the past 8 years performing the same activities with no gap in service do not require a Livescan.
  - b. Returning volunteers with a gap of service of 3 months or more are required to submit to a Livescan with FHDA Police.
  - c. Returning volunteers performing activities in a different capacity than previously are required to submit to a Livescan with District Police.
5. Risk Management will review the VOR forms for both NEW and RETURNING Volunteers for completeness, type of service, and background checks. Incomplete VOR forms will be returned and will delay the approval process. Once the VOR form is Approved, Risk Management will notify the Requestor that the Volunteer can perform the requested services. **Notify Risk Management immediately if VOR requests are cancelled.**
6. Volunteers are NOT ALLOWED to provide services until approval by Risk Management.
7. Email the completed VOR form to [Risk@fhda.edu](mailto:Risk@fhda.edu).

### VOLUNTEER TERMS & CONDITIONS:

1. Volunteers must be at least 18 years of age. Minors (under 18) are not permitted to volunteer on campus.
2. All Volunteers must be fingerprinted, complete a background check, and be cleared by FHDA Police prior to the volunteer’s anticipated start date.
3. The District’s workers compensation insurance for Volunteers excludes coverage for the rendering of professional services.
4. Based on existing Bargaining Unit Agreements, no job that was eliminated due to a resource action will be filled by a volunteer. Volunteers can assist, but may not take the place of a faculty, staff, or union position. The department head/dean must verify that the volunteer will not

perform services that were previously performed by an employee affected by job elimination as a result of a resource action.

5. The District reserves the right to accept or reject any volunteer application at its sole discretion. The decision to accept or reject a volunteer is not subject to review, and the District is not obligated to provide a reason for rejection. The District may reject a volunteer for any reason, including but not limited to concerns about the volunteer's qualifications, suitability, or ability to perform the tasks assigned.
6. The Volunteer agrees to provide services to the District on a voluntary basis. The nature and scope of the services will be agreed upon between the District and the Volunteer. The Volunteer agrees to perform the assigned tasks and responsibilities diligently, professionally, and in accordance with any instructions provided by the District.
7. The Volunteer agrees to hold harmless and indemnify the District, its officers, employees, agents, and other volunteers, from any claims, liabilities, losses, damages, or expenses, including reasonable attorney's fees, to the extent caused by the Volunteer's negligent or wrongful acts or omissions during the term of the Volunteer's assignment. This indemnification shall not apply to claims or damages arising solely from the negligence or misconduct of the District, its officers, employees, agents, or other volunteers.
8. The Volunteer agrees to maintain the confidentiality of any information, records, or data encountered during the course of volunteering and shall not disclose such information to third parties without the District's written consent.
9. Either party may terminate this Agreement for any reason with written notice. Upon termination, the Volunteer agrees to promptly return any District property or materials in their possession.
10. If the Volunteer will be driving on District business, they shall permit the District to obtain their driving record from the Department of Motor Vehicles (DMV). Prior to any driving activity the Volunteer must complete the DMV Driver Record Release form and submit it with the VOR form. The DMV Driver Record Release form is available at this link: [CALIFORNIA DMV - EMPLOYER PULL NOTICE PROGRAM\(EPN\)](#)
11. Volunteers not covered by employer health insurance or dependent child coverage, are expected to have their own health insurance coverage (free or low cost based on income) made accessible through Covered California, a health insurance marketplace created through the federal Affordable Care Act. More information is available at [www.coveredca.com](http://www.coveredca.com).

Complete all fields below:

**SECTION 1 – REQUEST FOR SERVICES** (To be completed by Campus Representative)

Date of Request: \_\_\_\_\_

Requestor Name: \_\_\_\_\_ Requestor Email: \_\_\_\_\_

Campus: \_\_\_\_\_ Department: \_\_\_\_\_

Supervisor/Dean/Dept. Head: \_\_\_\_\_

Services to be provided: \_\_\_\_\_

\_\_\_\_\_

Anticipated Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Check all that apply:

1. Is this a NEW or RETURNING Volunteer?

NEW – Submit this form after scheduling Livescan appointment.

RETURNING – See section #4 in Instructions to determine gap or no gap in service.

Last date of service: \_\_\_\_\_

Description of last volunteer activity: \_\_\_\_\_

2. Will the Volunteer work with:

Cash  Personal/Confidential Data  Minors  Not Applicable

3. Will the Volunteer drive a District owned vehicle on behalf of the District (including electric carts and other equipment).

No  Yes , Attach completed DMV Driver Record Release form to enroll in the CA DMV Pull Notice Program.

**SECTION 2 – VOLUNTEER INFORMATION** (To be completed by Volunteer)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

As Volunteer, I have read and agree to the Volunteer Terms and Conditions.

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION 3 – AUTHORIZATION** (To be completed by Campus Administrator)

As authorizing Department Administrator, I confirm that the work requested of this Volunteer is “essential” to support Department activities and operations, and that the Volunteer will not perform tasks previously performed by an eliminated position. In addition, I understand and agree to instruct the Volunteer to NOT begin volunteering assignment until after the Volunteer Form is approved by Risk Management.

Dean/Dept. Head Name: \_\_\_\_\_ Campus: \_\_\_\_\_

Dean/Dept. Head Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**INTERNAL USE ONLY**

Risk Management Approval:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Risk Management Date Cleared by FHDA Police: \_\_\_\_\_