

VOLUNTEER OF RECORD FORM

INSTRUCTIONS – BEFORE YOU BEGIN

- The VOR form must be initiated by the Campus Representative, not the volunteer.
- Determine whether the volunteer is NEW or RETURNING.
- Submit the completed form at least 2 weeks before the anticipated start date.
- Volunteers may not begin any work until Risk Management approval is issued.
- Notify Risk Management immediately if the request is canceled.

1. LIVESCAN – FINGERPRINTING AND BACKGROUND CHECK

NEW Volunteers (Required)

- Schedule a Livescan appointment with District Police (available at both campuses).
- Contact Joe Mauss (maussjoe@fhda.edu) to schedule a Livescan appointment.
- Provide identification at the appointment.
- No cost to the volunteer.
- Clearance is required before approval.

RETURNING Volunteers

- No Livescan is required if the volunteer has worked continuously for the past 5 years in the same role with no break in service.
- Livescan required if there is a break in service of 3 months or more, or if the volunteer will perform different duties than before.

2. COMPLETE THE FORM

- Campus Representative completes **Section 1**
- Volunteer completes **Section 2**
- Department Approver (Supervisor/Dean/Dept. Head) completes **Section 3**
- Submit the completed form to: Risk@fhda.edu

Incomplete forms will be returned and will delay processing.

3. APPROVAL PROCESS

Risk Management will review the form for:

- Completeness
- Background check clearance. The form is approved only after Livescan clearance (if required).
- Risk Management will notify the Requestor when the volunteer is approved.

VOLUNTEER TERMS AND CONDITIONS

1. Eligibility. Volunteers must be at least 18 years of age. Individuals under 18 are not permitted to volunteer.
2. Background Check Requirement. All volunteers must complete fingerprinting and a background check and be cleared by District Police before their start date.

3. **Workers' Compensation Limitation.** The District's workers' compensation coverage for volunteers does not apply to professional services.
4. **No Replacement of Employees.** Volunteers may support District operations but may not replace faculty, staff, or union positions. Volunteers also may not perform duties previously assigned to a position eliminated due to a resource action. The department head or dean is responsible for confirming compliance.
5. **District Discretion.** The District may accept or reject any volunteer application at its sole discretion and is not required to provide a reason.
6. **Scope of Volunteer Services.** Volunteer services are unpaid and will be defined by the District. Volunteers agree to perform assigned duties in a responsible and professional manner and follow District direction.
7. **Indemnification.** Volunteers agree to indemnify and hold harmless the District, its officers, employees, agents, and other volunteers from claims, damages, or losses resulting from the volunteer's negligent or wrongful acts or omissions. This does not apply to claims caused solely by the District's negligence or misconduct.
8. **Confidentiality.** Volunteers must keep confidential any information, records, or data accessed during their service and may not disclose it without written authorization from the District.
9. **Termination.** Either the District or the volunteer may end the volunteer assignment at any time with written notice. Upon termination, the volunteer must return any District property used during the volunteer assignment.
10. **Driving on District Business.** Volunteers who will drive on District business must:
 - 10.1. Authorize the District to obtain their DMV driving record.
 - 10.2. Complete and submit the DMV Driver Record Release form.
 - 10.3. Comply with enrollment in the DMV Pull Notice Program before driving.

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 – Schedule Livescan appointment first, then submit this form.
 RETURNING – See section 1 in instructions.

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 vehicle/electric cart on behalf of the District?
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 Department Approver - Supervisor/Dean/Dept. Head)

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.

Name: _____

Signature: _____ Date: _____

INTERNAL USE ONLY

Risk Management Approval:

Signature: _____ Date: _____

Date Cleared by FHDA Police Dept: _____