SAN BERNARDINO COMMUNITY COLLEGE DISTRICT
Office of Human Resources & Employee Relations
114 South Del Rosa Drive, San Bernardino CA 92408

DISTRICT VOLUNTEER SERVICE VERIFICATION

Volunteer Name: _____ Division/Dept: Development

At (circle one): District Crafton KVCR SBVC PDC

Home Address: _____

City, State, Zip Code: _____Telephone: (___) _____

Division / Dep. Supervisor: _____ Ext.: _____

I will volunteer in this division / dept beginning on (date) _____ and ending on (date) _____.
I acknowledge that I will not receive remuneration of any kind for services performed.

I understand that I may submit a claim for District Workers' Compensation benefits should any injury occur while performing this volunteer work.

Volunteer Signature: _____ Date: _____

Division / Dep. Supervisor Signature: _____ Date: _____

DISTRIBUTION: HR Department Volunteer
Revised: 10/21/02

Volunteer Profile

Date _____

Name: _____

Company Name (if applicable): _____

Address: _____

City: _____ Zip: _____

Home Phone: Alternate Phone:

Work Phone: _____ Fax Number: _____

E-mail Address: _____

I prefer to help with (circle one): TV & Radio TV Only Radio Only

I am available to help: (listed time frames are approximate):

	EARLY (6 am – 9 am)	MORNING (8 am – noon)	AFTERNOON (Noon – 5 pm)	EVENING (5 pm – 11 pm)
Monday	☐	☐	☐	☐
Tuesday	☐	☐	☐	☐
Wednesday	☐	☐	☐	☐
Thursday	☐	☐	☐	☐
Friday	☐	☐	☐	☐
Saturday	☐	☐	☐	☐
Sunday	☐	☐	☐	☐

I would like to work (circle one): When Needed Weekly Monthly Other:_____

How much notice would you prefer? _____

May we call/email you for last minute jobs? YES NO

Do you have any previous volunteer experience? YES NO

If so, where and what did you do?

_____

_____

What special skills and passions are you eager to share?

_____

_____

_____