## MIRACOSTA COMMUNITY COLLEGE DISTRICT REQUEST / RECOMMENDATION FOR VOLUNTEER SERVICE

- Prior to ANY service as a Volunteer, approval must be obtained from the District.
- A volunteer is a person who: (a) performs services for the district; (b) serves without compensation of any kind; and (c) is under direct supervision of a district employee. [Reference: Board Policy 7500 / Administrative Procedure 7500.]

REQUIRED: IMPORTANT Complete all applicable Sections A-G with BOTH Volunteer and Section E Employee present!

"Employee Notice Workers' Compensation Benefits" document and "Medical Provider Network". (See MCC Volunteer website.)

Volunteer prints out and retains. Complete Pages 4 & 7, if needed

#### Form RM-A — Request / Recommendation for Volunteer Service

Upon completion: Department retains a copy for their files.

Original is sent to Risk Management at MS 6

Risk Management will review and either approve or disapprove with e-mail notification to employee listed in Section E.

#### Form RM-B — Volunteer Register (separate form)

Completed by the Volunteer. Approved by the Supervisor at the work site.

Retained by Department Supervisor / Department Chair / Administrator as evidence of the hours served during the dates of service in Section A of Form RM-A.

Will volunteer have any contact with students? If so, follow instructions in section G for Tuberculosis screening.

NOTE: Fields in Section A must be filled in electronically. If handwritten, document will be returned.

### FORM RM-A Section A – Completed by Department Supervisor / Department Chair / Administrator [This section *MUST* be filled in electronically.] **PRINT NAME HERE** has volunteered to assist \_\_\_\_\_ (VOLUNTEER'S NAME - PRINT) in the following way(s): Location: It is expected that service will be provided from to **MAXIMUM ONE (1) YEAR** (mm/dd/yy) **Not** (mm/dd/yy) to exceed June Approximate number of hours \_\_\_\_\_ [Check one] daily weekly monthly VOLUNTEER MAILING ADDRESS CITY STATE ZIP VOLUNTEER HOME PHONE VOLUNTEER CELL PHONE VOLUNTEER WORK PHONE DATE Section B – Completed by Volunteer [Please PRINT Name Clearly] \_\_\_, request and acknowledge that the MiraCosta Community College District shall consider my volunteer services to be deemed as an unpaid employee of MiraCosta College. I also understand that a fingerprint check and background investigation similar to a regular school employee may be conducted upon me. I acknowledge that if I am injured while working on behalf of the District, I will be covered by the District's Workers' Compensation coverage. I also understand that my working status begins and ends when I have signed in and out on the "Volunteer Register" form (Form RM-B) at the work site. I am responsible for signing in and out every service day. Further, I affirm that, to my knowledge, I am in good health and physical condition for volunteer service.

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Section C – Completed by Volunteer  This is to acknowledge receipt of information regarding California Workers' Compensation laws and rights, in addition to notice regarding the Medical Provider Network that my employer/volunteer service provider utilizes.	
I have read the "Employee Notice Workers' Compensation Benefits" document (see MCC Volunteer website) and understand my rights and benefits under the Workers' Compensation program. I agree to report all work-related injuries and illnesses to my supervisor / employer / volunteer service provider immediately after they occur.	
SIGNATURE - VOLUNTEER	DATE
I am currently a student at MiraCosta College:	Yes No
Section D – Completed by Parent / Guardian – ( IF THE \	OLUNTEER IS A MINOR )
I have read and understand the above conditions and volunteer / unpaid employee of MiraCosta College.	consent to the above-named individual's participation as a
NAME – Parent / Guardian (Please PRINT)	
SIGNATURE – PARENT / GUARDIAN	DATE
	ME - Administrator / Dean (Please Print)  NATURE - ADMINISTRATOR / DEAN DATE
Section F – Completed by Volunteer – (IF THE VOLUNTEER WILL BE WORKING WITH MINORS)  VOLUNTEER ACKNOWLEDGEMENT AND NOTICE OF AMENDED EDUCATION CODE SECTION 35021  Volunteer Aides California Education Code 35021	
I,, am a Volunteer with MiraCosta Community  (PRINT FULL NAME)  College District. I am not a person required to register as a sex offender.	
I declare under penalty of perjury that I am aware of amended Education Code Section 35021 and its application and that I am not a registered sex offender nor am I required to register as a sex offender.	
SIGNATURE - VOLUNTEER (Stats. 1976, c. 1010, § 2, operative April 30, 1977. Amended by S	DATE tats.1994, c. 141 (A.B. 3458), § 1; Stats. 2001, c.40 (A.B. 1455), § 1.
Section G Tuberculosis Screening SB 1038 (1/1/2017) requires a tuberculosis (TB) risk assessment be administered and if risk factors are identified, a TB test examination be performed by a health care provider to determine that the person is free of infectious tuberculosis. Contact Health Services, ext. 6675 to arrange for this screening.	
Risk Manage	ement Use ONLY
□ Approved - TB Screen Online Volunteer Only □ Disapproved SIGNATURE - RISK MANAGEN	