

**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) (DEPARTMENT)

in the following way(s): _____

Location: _____

It is expected that service will be provided from _____ to _____ **MAXIMUM ONE (1) YEAR**
(mm/dd/yy) (mm/dd/yy) **Not to exceed June 30**

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]

I, _____, 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.

