FOOTHILL-DE ANZA COMMUNITY COLLEGE DISTRICT
Risk Management Office

VOLUNTEER-OF-RECORD

This is a request that the following person be recognized by the District as a Volunteer-of-Record for the time and activity shown.

Name of Volunteer: (Please Print): ________________________________________________
Address of Volunteer: ____________________________________________________________
City, State and Zip code: __________________________________________________________
Volunteer’s Date of Birth: _________________________________________________________
Services to be Provided: __________________________________________________________
Dates & Times of Service: _________________________________________________________
Requested By: (Please Print): _____________________________________________________
Supervisor’s Name: ______________________________________________________________
Campus/Department: _____________________________________________________________
Telephone Number: ______________________________________________________________
Date of Request: _________________________________________________________________
Dean/Dept.Head _________________________________________________________________

Driving Information (Complete this section only if Volunteer will be driving on District business):
California Driver’s License No.: __________________________ Expires: ______________
Personal Car Insurance Company: ________________________________________________
Policy Number: __________________________ Expires: ______________

Volunteer shall permit the District to obtain his/her driving record from the Department of Motor Vehicles prior to any driving activity for the District*. When the Volunteer drives his/her own car in the course of District volunteer work, the Volunteer’s car insurance will pay first in case of an accident.

Effective March 1, 2012 all prospective volunteers must be fingerprinted and have received the results prior to volunteering.

The District insurance for volunteers excludes coverage for the rendering of professional service. As a result of the 1993 downsizing in the District, an agreement was reached with SEIU in which the District agreed that no job that was eliminated would be filled by a volunteer. The department head/dean must verify that the volunteer will not be used for services that would violate the District’s agreement with SEIU.

I confirm that the volunteer requested in the attached volunteer of record form will not perform tasks previously performed by an eliminated position.

_______________________________________   ________________________
Approval/Signature of Dean/Department Head    Date

Send this form to Risk Management Office, FHDA District, when completed. (All information must be complete before an approval can be made.)

Approval of Risk Management ____________________________________________________

* Driving Record Release form must be submitted to Risk Management.

Revised: 2/12