CAMPUS VOLUNTEER ENROLLMENT FORM

Date of Request		
Name		
Home Phone ()	Work Phone ()	
Social Security		
Position Title		
	Estimated End Date	
IN CASE OF EMERGENCY, PLE	EASE CALL:	
	Phone ()	
	Phone ()	
Comments:		
I agree to hold Mt. San Antonio Coll negligence or willful act(s) while engage I understand that by serving in some pos- potentially infectious materials which m (HBV) and/or other infectious diseases	lege harmless for injuries or damages caused by ed in my volunteer service of Mt. San Antonio College sitions in the District, I may be exposed to blood or ot hay place me at risk of acquiring the Hepatitis B Vist. The College recommends that I seek immunizat I understand that I should check with my manager	e. ther irus tion
Signature of Volunteer	Date	
Signature of Supervisor	Date	
Signature of Division Dean/Department I	Manager Date	

MANAGERS' RESPONSIBILITIES

Complete a Campus Volunteer Enrollment Form for each volunteer.

Forms are available from Administrative Services, Building 4, Room 105. A form must be completed and returned to Administrative Services <u>prior to the start</u> of the volunteer's assignment.

Exceptions

A Campus Volunteer Enrollment Form does not need to be completed if:

- 1) the volunteer is a current student at Mt. San Antonio College.
- 2) the individual is a member of any of the organizations listed below and that individual's name is listed on the organization's membership roster at the time volunteer services are provided to the District. These organizations include:

Mt. San Antonio College Foundation officers, associates and committees
District Advisory Committees
Mt. San Antonio College Regional Arts Council
Mt. San Antonio College Relays Committee
American Association of University Women
Delta Kappa Gamma

Please contact the Office of Human Resources, ext. 4225 if you have any questions concerning this information.