



Solano Community College District

Volunteer Services Form

Note: All volunteers must complete a fingerprint and tuberculosis clearance (see supervisor for forms) and SCC Governing Board approval prior to reporting to volunteer duty.

Section 1: Volunteer Information

Name _____

Street Address _____

City _____ State _____ Zip _____ Phone _____

I have read and understand the duties expected of me as a volunteer at Solano Community College.

Signature of Volunteer

Date

Section 2: To be Completed by Manager/Dean

Department / Division: _____

Assignment Dates: _____

Area of Work:

- | | |
|--|---|
| <input type="checkbox"/> Tutor | <input type="checkbox"/> Early Learning Center |
| <input type="checkbox"/> Embedded Tutor | <input type="checkbox"/> The Volunteer will have: |
| <input type="checkbox"/> Health Clinic Assistant | Direct contact with children under the age of 18 |
| <input type="checkbox"/> Office Assistant | Direct control over children's activities and whereabouts |
| <input type="checkbox"/> Theater | <input type="checkbox"/> Coaching Assistant (indicate sport): _____ |
| <input type="checkbox"/> Athletic Assistant | <input type="checkbox"/> Other: _____ |

Duties to be performed by the volunteer:

Signature & Date of Dean/Manager

Signature & Date of Vice President

Section 3: To be completed by Human Resources

Date Received in HR: _____

TB Clearance Date: _____

Fingerprint Clearance Date: _____

Governing Board Date: _____

HR Generalist: _____