



****Must submit copy of a valid photo ID****

Name: _____ Student ID #: _____
 Address: _____ City/State/Zip: _____
 Home Phone: _____ Cell Phone: _____
 Emergency Contact Name and Phone: _____
 Location of Volunteer Work: WHC Coalinga WHC Lemoore
 North District Center District Office
 Other

Department/Event Name: _____

Assignment Title: _____

(i.e. office help, general laborer, event staff, etc.)

Date(s) of Volunteer Service: From _____ To _____

Have you ever been convicted, pled guilty to, or pled no contest to any criminal offense by any court? Yes No

If yes, please note the date and place of each offense, the specific charge, the date and place of conviction, or plea, the fine or sentence received or the diversion program entered. You may omit any offense for which the only punishment imposed was a fine of less than \$100. Any offense for which you were convicted for which the fine in excess of \$100 or which required serving a jail or prison sentence, or which required probation must be reported. Attach additional pages to this application to record the necessary information. (Note: Having a criminal record does not necessarily disqualify an individual from volunteer service. Each case is given individual consideration based on job-related criteria).

I hereby request permission to volunteer my services as indicated above. It is my understanding that I am volunteering my services under the following conditions:

- The West Hills Community College District is responsible and liable for injuries which may incur while performing volunteer services.
- My services will be rendered without pay from the West Hills Community College District.
- During the period of my volunteer services I will not accrue any right to temporary, probationary, permanent, or contract employment.
- My duties will be performed under the guidance and supervision of an employee of the West Hills Community College District.

Signature of Volunteer: _____ Date: _____

Printed Name and Signature of Parent: _____
(required if volunteer is under the age of 18)

It is my recommendation that the above request be honored.

	Printed Name	Signature	Date
Supervisor	_____	_____	_____
Area Administrator	_____	_____	_____
Campus President	_____	_____	_____
Human Resources	_____	_____	_____