

2023-2024 VOLUNTEER CONFIRMATION FORM

Volunteer Name:	Colleague ID:			
Department/Division:	Manager/Supervisor:			
Description of Volunteer Assignment:				
Department Contact:		Phone Ext:		
Services will begin on and	be terminated on or b	efore _	Approx. Hot	ırs per week:
Is this a current employee of the District	? 🗌 Yes 🗌 No	Previo	usly employed by the Distric	ct? 🗌 Yes 🗌 No
If yes, department name: l		Positio	Position Title:	
Which of the following classifications?				
🔲 Adjunct	F/T Faculty		Student Worker	Volunteer
Classified/Permanent P/T Hourly	Short Term Con	tract	Stipend (Formerly Ho	norarium)
ASSIGNMENT GUIDELINES (Federal	Fair Labor Standards	Act):		
 Volunteers may serve a maximum Volunteer services are offered free Current employees may volunteer of not volunteer for "same type of ser The activity or work must <u>not</u> communication of Human Resource 	ly, without promise, exp only if they are serving in vices" that are paid as parenece until all approval ces.	bectation in a diff part of th l signatu	n, or receipt of compensation a erent capacity from which the leir regular employment)	for services rendered ey are paid (they may ding approval of the
 VOLUNTEERS MAY: be utilized "in the supervision and a perform "non-instructional work to administrative responsibilities" (Ed) be used "to enhance educational preemployees who are laid off, nor in 	assist academic person l Code 72401). ograms, but not to displa	nel in th ace clas	ne performance of teaching an sified employees, or in lieu of	d
	Acknowledged by	y Dean	/Manager:	
Approved By:				
President/Designee:			Date	:
Senior Director of Human Resources:			Date:	
Human Resources Use Only: Position II			Processed By:	
				Rev 6/29/21 II (