

VOLUNTEER – Required Documents

	se 1 st day of volunteer service when signing all documents. Human Resources has provided the g checklist to assist you. Please complete all forms in ink.
Sign & l	Return the following:
V	Volunteer Application
	Fingerprint & Criminal History Background Check. At volunteers expense. Additional information enclosed. Required within a maximum of 10 working days from the date of employment.
V	Verification of Identity. Provide proof of identification.
C	Dath of Affirmation
C	Confidentiality Statement for Volunteers
C	Confidential Data Sheet
E	Emergency Contact Information
For Info	ormation Only:
(On-the-Job Injury Reporting Procedure
Resource	ceived, understand, and completed all the above documents. I understand that all documents are due in Human as no later than the 1 st day of start of volunteer service and failure to complete fully and sign all required documents lt in delay of assignment.
Volunteer	r Signature: Date:



VOLUNTEER APPLICATION

Modesto Junior College	Columbia College	YCCD
Department/Division:	Manager/Supervisor:	
	rety. The activity or work must <u>not</u> comment of the Vice Chancellor of Human Resources	
Colleague ID#: Last Name	e:Firs	t Name:
Mailing Address:	ber & Street	City State Zip
	Cell Phone #:	
E-mail Address:	Last 4 N	Numbers of Social Security #:
	re Community College District requires disclar misdemeanor or felony will not automatically elim	
Have you ever been convicted of a misde	emeanor? Yes No If yes, please	explain:
Have you ever been convicted of a felony	y? Yes No If yes, please expla	in:
Do you have a background clearance on	file with YCCD? Yes No	
history, I will not be assigned to a work so Resources are on file. Further, I understart acknowledge that fingerprinting must be a start of work. I hereby acknowledge and understand that	statements herein are true and correct. I unders ite until a criminal history clearance and admired that any fees associated with this clearance completed within 10 days of start of work; unless any activities engaged in or work performed find are performed with no anticipation of finance.	nistrative approval by YCCD Human process are my responsibility. I ess position requires clearance prior to for Yosemite Community College
insurance coverage of any type, or any oth compensation coverage. I hereby agree to	nd are performed with no anticipation of finance are kind of compensation. Volunteers are included abide by all District policies, procedures, and wolunteer services with the District are in an "a	ded in the District's workers directions from District personnel. I
Volunteer Signature:		Date:



IMPORTANT NOTICE ON FINGERPRINTS

YCCD requires all new employees to undergo fingerprinting for criminal history background checks. An individual who is to be employed or volunteering in Child Care Departments, or as a Custodian, or in the Campus Safety/Security Department or if they have disclosed a misdemeanor or felony, must clear fingerprinting and background checks prior to beginning work.

Required at LIVESCAN Locations:

- 1) Valid picture ID (Driver's License, Passport, etc.)
- 2) LiveScan Submission Form (from MJC Security / Columbia Business Office)
- 3) Payment

COLUMBIA: Please report to Columbia College Security (209-566-5476) to pick up your LiveScan form. There is a \$49.00 processing charge. Accepted payments - cash, check, credit card, Venmo, and Apple/Google pay. Make check or money order payable to YCCD.

LIVESCAN locations:

Tuolumne County Superintendent of Schools By appt. Only

175 S. Fairview Ln. Mon & Wed: 12pm – 3:30pm

Sonora Tues, Thurs, & Fri: 10:00am – 1:00pm 209-536-2013 Cost: \$23 (Exact amount for cash)

MODESTO: Please report to MJC Campus Security (575-6351) to pick up your Live Scan form. There is a \$49.00 processing charge payment method: cash (exact amount) check or money orders are accepted. Make check or money order payable to YCCD. Also know your social security number, supervisor's name, and your working title.

* * * * *

LIVESCAN locations:

CSU, Stanislaus Walk-Ins Only

801 West Monte Vista Ave Mon & Fri 8am-3pm

Turlock Tues, Weds, Thurs: 8am-7pm

209-667-3124 Cost: \$25 cash only

Maxx 1 Security Appointments Only

121 E Orangeburg Ste. #7 Cost: \$30

Modesto 209-499-3885

NOTE: LiveScan may be performed with any LiveScan service provider.

Rev 01/11/2024kp



VERIFICATION OF IDENTITY

Please provide a valid state issued photo identification, state issued driver's license, or US Passport to verify identity.

Completed by Volunteer		
Last Name:	First Name:	M.I
Home Address:		
City	State:	Zip Code:
Date of Birth:	Social Security Number:	
Volunteer Signature:	Date: _	
Department Verification Type of Identification:		
State Issued Photo ID	State Issued Driver's License	US Passport ID
Number#	Exp	
I have viewed the original photo ID pr valid to the best of my knowledge.	ovided by above volunteer and verify tha	at the above person's identity is
Printed Name of Verifying Official:		
Department & Position Title:		
Signature:	Dat	e:



OATH OF AFFIRMATION

PART 1 - OATH OF ALLEGIANCE TO BE COMPLETED BY UNITED STATES CITIZENS ONLY By Virtue of the provisions of Section 3107 of the Government Code, no compensation or reimbursement for expense incurred may be paid to a school district employee unless the employee has taken or subscribed to the oath or affirmation set below, prior to entering upon the duties of his/her employment. I, (Employee Name) _____, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the Constitution of the State of California against all enemies, foreign and domestic; that I will bear true faith and allegiance to the Constitution of the United States and the Constitution of the State of California; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties upon which I am about to enter. PART 2 - DECLARATION OF PERMISSION TO WORK TO BE COMPLETED BY LEGALLY EMPLOYED NONCITIZENS ONLY As required in Section 3 of Article XX of the Constitution of the State of California every State employee except legally employed noncitizens, must sign the following oath or affirmation before he or she enters upon the duties of his or her State employment. Noncitizens are required to possess a Declaration of Permission to Work. If a alien employee becomes a naturalize citizen an oath must then be obtained and filed. I am a lawful permanent resident alien of the United States. Yes No If **NO**, please read the following: I hereby certify, that I have permission to work in this country and have declared any restrictions placed upon me in this regards by the United States government to the appointing power. PART 3 – SIGNATURE AND CERTIFICATION (Notary Not Required) (Employee Signature) (Employee Printed Name) For Office Use Only Subscribed and sworn (affirmed) to/before me this ______ day of ______, 20____

Title

Signature of YCCD Official



CONFIDENTIALITY STATEMENT FOR VOLUNTEERS

Volunteer Name (print please)
Department/Division
READ CAREFULLY:
We are happy that you are joining the (designated office) team. As you may already know our work encompasses many areas of student and campus life, including the gathering, upkeep and storage or records, applications and other information that is highly confidential.
Material that is confidential is "imparted in confidence; secret; having to do with private matters". In other words, we have been entrusted by students, your unit's employees, Modesto Jr. College, Columbia College and the YCCD, with private information in order to better serve them and our community. This material does no belong to us; it belongs to the people who have entrusted it to us. We are not free to share any of the content of this material, or the names or any other information about the persons, units, departments or divisions to whom it belongs or about whom it is written or concerns. This means that we must not speak of this materiat to anyone but authorized person, and then, only when we are working with those persons on matters pertaining to this material. Even when working with confidential documents in an official capacity, it is important that we do not speak of them or leave them in areas where unauthorized persons may overhear related discussions or react these materials. It is not ok to discuss this material with other employees during lunch or breaks, nor it is acceptable to speak about them in classes or at home with your family and friends. It is also important that you realize that once you are no longer employed as an MJC or CC or YCCD employee, or after you leave these entities, you are not at that point free to divulge to anyone information that you used or learned while you were working here.
I,
Volunteer Signature: Date:
Department:
Manager's Signature:



CONFIDENTIAL DATA SHEET

YCCD is required by state and federal regulation to maintain records as part of its Equal Employment Opportunity Program. Please provide the information requested on this form. Your response will be used for statistical purposes only. Employment opportunities will not be affected by failure to provide the requested information.

Name:		Тос	day's Da	te:	
Social Security Number:	Position	Position:			
1a. ARE YOU HISPANIC OR LA	TINO?	Yes or	No	If Yes, please check below* If No, check "1b" below	
*Mexican, Mexican Central American South American Hispanic Other	,	icano		11 No, check 15 below	
1b. WHAT IS YOUR RACE/ETH	NICITY? (Ch	eck one or n	nore)		
American Indian/Alaskan Na	tive	Asian Indian	1	Asian Other	
Black or African American		Cambodian		Chinese	
Filipino		Guamanian		Hawaiian	
Japanese		Korean		Laotian	
Pacific Islander Other		Samoan		Vietnamese	
White					
2. GENDER: MALE	FEM	ALE			
3. DISABLED: As defined in Section 5 physical or mental impairment which sub-impairment; OR - C) is regarded as having	stantially limits or	ne or more maj		_	
I am a disabled individual					
	ra (August 5, 196. Veteran:	5 through May Yes No		Yes No	
	For Human Res		y: 1-time:	Part-time:	



EMERGENCY CONTACT INFORMATION

	Print Employee Name Street Address (No PO Boxes)				Colleague ID #	Date of Birth	
					City	Zip	
t:	MJC CC YCCD Dep			Department: _		Phone#:	
heck	all that a	pply:	Student	Short-Term	Part-Time Fac	ulty	
			Classified	Faculty	Mgmt/Admin		
1.	Name				 Relat	ionship	
	Daytime Number		Evening Number	Cell Number			
2.	Name				Relat	ionship	
Daytime Number			Evening Number	Cell I	Cell Number		
3.	Name				Relat	ionship	
	Daytime Number			Evening Number Cell Number		Number	
			Signature			 Date	

Please return your completed form to the Human Resources Office. This information will be kept in your Personnel File.



TO: New Employees

FROM: Benefits Office

RE: On the Job Injury Procedure

Here's how it works:

If an injury is not a medical emergency, the employee should report the injury to their supervisor and telephone COMPANY NURSE® at 1-877-854-6877. They will speak with a Registered Nurse who will assist the employee with his or her medical needs and expedite the claims processing. The nurse receiving the call will triage the injury as follows:

- Incident report only, no treatment needed Employee returns to work
- Minor first aid-Nurse will give self-care advice Employee returns to work, same or next shift
- Requires further medical care Nurse refers employee to seek treatment at designated clinic/physician.
- Emergency Call 911 Seek emergency treatment immediately

The COMPANY NURSE® HOTLINE is available 24 hours per day, seven days per week.

- Company Nurse® will complete a report of injury and email it to the Benefits Office and corresponding areas.
- Company Nurse® will handle all initial reporting of employee incidents. It is important to report all incidents no matter how minor. This protects the employee's rights under worker's compensation and insures they receive appropriate medical care.

The advantage of a medical professional assisting in the reporting mechanism is to ensure that the injured employee received the best available treatment appropriate to the injury. Furthermore, employees will receive instant telephonic first aid advise from a Registered Nurse any time of the day or night.

Your cooperation and participation is appreciated. Please do not hesitate to contact Peggy Freitas (209) 575-6162 or Lori Smith (209) 575-6024 in the Benefits Office with any questions.

IN CASE OF LIFE OR LIMB THREATENING EMERGENCY, DIAL 911