



VOLUNTEER – Required Documents

Please use 1st day of volunteer service when signing all documents. Human Resources has provided the following checklist to assist you. Please complete all forms in ink.

Sign & Return the following:

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.

Verification of Identity. Provide proof of identification.

Oath of Affirmation

Confidentiality Statement for Volunteers

Confidential Data Sheet

Emergency Contact Information

For Information Only:

On-the-Job Injury Reporting Procedure

I have received, understand, and completed all the above documents. I understand that all documents are due in Human Resources no later than the 1st day of start of volunteer service and failure to complete fully and sign all required documents may result in delay of assignment.

Volunteer Signature: _____ Date: _____



VOLUNTEER APPLICATION

Modesto Junior College

Columbia College

YCCD

Department/Division: Manager/Supervisor:

This form must be completed in its entirety. The activity or work must not commence until all approval signatures have been received, including approval of the Vice Chancellor of Human Resources.

Colleague ID#: Last Name: First Name:

Mailing Address: Number & Street City State Zip

Home Phone #: Cell Phone #:

E-mail Address: Last 4 Numbers of Social Security #:

Criminal History Disclosure: Yosemite Community College District requires disclosure of any criminal history. (Conviction of a misdemeanor or felony will not automatically eliminate applicant)

Have you ever been convicted of a misdemeanor? Yes No If yes, please explain:

Have you ever been convicted of a felony? Yes No If yes, please explain:

Do you have a background clearance on file with YCCD? Yes No

Acknowledgment:

I certify under penalty of perjury that all statements herein are true and correct. I understand that by disclosing a prior criminal history, I will not be assigned to a work site until a criminal history clearance and administrative approval by YCCD Human Resources are on file. Further, I understand that any fees associated with this clearance process are my responsibility. I acknowledge that fingerprinting must be completed within 10 days of start of work; unless position requires clearance prior to start of work.

I hereby acknowledge and understand that any activities engaged in or work performed for Yosemite Community College District are entirely on a volunteer basis and are performed with no anticipation of financial remuneration, fringe benefits, insurance coverage of any type, or any other kind of compensation. Volunteers are included in the District's workers compensation coverage. I hereby agree to abide by all District policies, procedures, and directions from District personnel. I further acknowledge and understand that volunteer services with the District are in an "at will" capacity. The District may terminate volunteer services at any time.

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.



Yosemite Community College District
Human Resources

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 provided by above volunteer and verify that the above person's identity is valid to the best of my knowledge.

Printed Name of Verifying Official: _____

Department & Position Title: _____

Signature: _____ Date: _____



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__

Signature of YCCD Official

Title



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 of 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 not 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 material 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 read 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, _____ (*printed name*), have read the above concerning the importance of confidentiality in my work for MJC/CC/YCCD, and **I agree to keep private and secret confidential material entrusted to me.** This means that I will not disclose this material inappropriately either during or after my working hours, nor after I leave the employment of MJC/CC/YCCD. I understand that if I violate this agreement, I may be dismissed, and a notation regarding the reason for my dismissal will be entered in my employment record.

Volunteer Signature: _____ Date: _____

Department: _____

Manager’s Signature: _____



Yosemite Community College District
Human Resources

CONFIDENTIAL DATA SHEET

YCCCD 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: _____ Today's Date: _____

Social Security Number: _____ Position: _____

1a. ARE YOU HISPANIC OR LATINO? Yes or No If Yes, please check below* If No, check "1b" below

- *Mexican, Mexican-American, Chicano
Central American
South American
Hispanic Other

1b. WHAT IS YOUR RACE/ETHNICITY? (Check one or more)

- American Indian/Alaskan Native Asian Indian Asian Other
Black or African American Cambodian Chinese
Filipino Guamanian Hawaiian
Japanese Korean Laotian
Pacific Islander Other Samoan Vietnamese
White

2. GENDER: MALE FEMALE

3. DISABLED: As defined in Section 504 of the Rehabilitation Act of 1973 and ADA, a disabled person is one who: A) has a physical or mental impairment which substantially limits one or more major life activities; B) has a record of such an impairment; OR - C) is regarded as having such an impairment.

I am a disabled individual

4. VETERAN STATUS: Vietnam Era (August 5, 1965 through May 7, 1975) Yes No
Disabled Veteran: Yes No

For Human Resources Use Only:
Datatel ID #: _____ Full-time: _____ Part-time: _____



Yosemite Community College District
Human Resources

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