

Salt Lake Community College Volunteer Form

Thank you for volunteering to help Salt Lake Community College (SLCC). **Volunteer:** Please complete the below information and return the form to the Sponsoring Department. **Sponsoring Department:** Please complete the second page and return this two page form to Human Resources.

Volunteers may not begin service until HR approval is given.

Name:				
First	Middle Initial	Last Name		
Social Security Number:				
Home Address:				
		City	State	Zip
Phone Number: ()		Birth Date:		
Email:			mm/dd/yyy	У
For statistical purposes onl Ethnic Background: □Amer		_		
Emergency Contact:				
Name:				_
Address:				
Phone Number: ()		Keiddonship.		
Volunteer position applying	g for:			
that I am volunteering for S reimbursements for actual volunteer services the Wor expenses I incur in the trea for free use of my name, vo and permission, to use and other materials which pron	ELCC. I agree that a expenses. I under ker's Compensatio tment of an injury pice and picture in publish my name, note, publicize, or a that no assignment	any work I may perform stand that if I am injur on carrier for SLCC will and that this is my exc any media coverage of identifying information advertise SLCC. I agree	m is non-compered or involved only pay the acclusive remedy f my volunteer on, photos and verto submit to a	on or an electronic version of itensable except for pre-approve in an accident while providing tual and necessary medical for any injury. I give permission service and I give SLCC the righyideo of me in brochures and a criminal background check if to reassign me as needed, and
Signature*		 Date		

^{*}If you are not 18 years old or older, this from must also be signed by a parent or guardian



The following information to be completed by the Sponsoring Department

Sponsoring Department:	
SLCC Official who will be in charge of	the volunteer (name and title):
General dates of service for voluntee	r:
Position and duties volunteer will be	assigned:
access is needed. If a criminal backg arrangements. If it is anticipated tha duties, the Sponsoring Department n By submitting this form the Sponsori	d to submit an OIT computer access form with the volunteer form, if computer round check is needed the Sponsoring Department contacts HR to make t the Volunteer will drive as part of the performance of his or her volunteer nust obtain special approval from SLCC Risk Management. In Department approves the volunteer's services, agrees to supervise the uman Resources when the individual is no longer in a volunteer capacity.
Department Approver:	Date
Title:	
	Human Resource Approval
The above volunteer is accepted and	approved by Human Resources.
HR Approver:Title:	Date
S# Generated	Entered by:
Original: Personnal file	

Cc: Department