



Cerritos College
Office of Human Resources
(562) 860-2451, Extension 2284
www.cerritos.edu/hr

Volunteer Services Request

Applicant Name

Department/Division Engaging Volunteers

Date

Department Contact Name

Department Contact Phone #

1. Will the Volunteer in this position directly interact with children (under the age of 18), the elderly, and/or individuals with disabilities? Yes No

(If yes, please consult Human Resources regarding background checks.)

2. Purpose/Scope of the Services:

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3. What specific skills and/or abilities will the volunteer need to provide described services?

Demonstrate expertise in a subject area (Academic/Vocational) through one of the following:

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4. Recommended period of volunteer services:

From: _____ To: _____

5. Proposed Work Hours (Please include hrs/day and days/wk and any specific information, i.e. evenings only, weekend availability)
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6. Describe the site or location where the volunteer will be providing services (Please include exact locations or the name of the building or facility if possible)

7. To whom will the volunteer report (Please provide the name of the manager who will be responsible for monitoring the activities of the volunteer and include the extension and email of the manager)?

8. Are there classified staff members of faculty at the location who provide the same services?
Please be explicit? Yes No

Manager Signature: _____

Date: _____

RETURN COMPLETED FORM TO HUMAN RESOURCES FOR APPROVAL. DO NOT ALLOW VOLUNTEER TO PERFORM ANY SERVICES UNTIL OBTAINING HR CLEARANCE.

HR ONLY	
Date Received: _____	Action: <input type="checkbox"/> Approved <input type="checkbox"/> Deny
Reviewed by: _____	Date: _____
Fingerprints clearance: _____	Documents received: _____