



DISTRICT VOLUNTEER SERVICE INFO / FORMS

Skyline College College of San Mateo Cañada College Chancellor's Offc.

| | | | |
|---|--|---------------------|--|
| Volunteer Name: | | Div/Dept: | |
| Div / Dept Supervisor Name: | | Supervisor Tel Num: | |
| Employee Home Address: City, State, Zip | | Home Phone: | |
| | | E-mail: | |

In case of emergency, please notify:

(Please Complete by Order of Contact / Minimum of Two Emergency Contacts is Preferred.)

| #1 Emergency Contact | | #2 Emergency Contact | |
|----------------------------------|--|----------------------------------|--|
| Name: | | Name: | |
| Relationship to Employee: | | Relationship to Employee: | |
| Day/Evening Phone #: | | Day/Evening Phone #: | |
| Home Address: City / State / Zip | | Home Address: City / State / Zip | |

I will volunteer in this division / dept beginning on (date) _____ and ending on (date) _____ .

I understand that it is my responsibility to update the information included in this form. I understand that I may submit a claim for District Worker's Compensation benefits should any injury occur while performing this volunteer work.

VOLUNTEER SIGNATURE: _____ **DATE:** _____

DIV / DEPT SUPERVISOR SIGNATURE: _____ **DATE:** _____

Please complete the workers' compensation pre-designate personal physician form if you would like to be treated by your personal physician prior to sustaining an injury/illness due to work related injury/illness.

Items Included in this Packet:

- "Page 4" "Xqmpvggt 'Ugt xlegu'Eqplf gpvkrls{ 'Eqpvt cev
- "Page 5 " "Xolunteer Work Log-Track Hours / Time work
- "Page 3&4 " "Pew Hire Pamphlet for Workers' Compensation - Summary of rights
- "Page 5 Rre-designated Personal Physician Form