

**City College of San Francisco**  
**Human Resources, 33 Gough Street, San Francisco, CA. 94103**

**VOLUNTARY UNPAID SERVICES**

(This form must be completed each semester)

**Name** \_\_\_\_\_ **CCSF ID** \_\_\_\_\_  
Last First M.I.

**Home Address** \_\_\_\_\_  
Street / City / State / Zip

**Department** \_\_\_\_\_ **Home Phone** \_\_\_\_\_

I would like to offer my services on a volunteer basis as indicated below. I fully understand and agree that such services shall be without salary and/or fringe benefits.

DAYS	TIME	DATES	LOCATION	FACULTY SPONSOR

I understand that these services shall be rendered only with the written permission of the Department Chairperson and the appropriate Dean. In addition, I understand that, my services as a volunteer will be covered by Worker's Compensation.

\_\_\_\_\_ Dates \_\_\_\_\_ Signature of Volunteer

**Duties to be performed:** (Please describe work to be done or duties to be performed)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RECOMMENDED:**

**APPROVED:**

\_\_\_\_\_  
Department Chairperson

\_\_\_\_\_  
Director, Human Resources

\_\_\_\_\_  
School Dean

Routing: Volunteer  
Department Chair  
Dean  
Human Resources

cc: Administrative Services  
Building & Grounds  
Volunteer