

CITY COLLEGE OF SAN FRANCISCO

Human Resources, 50 Frida Kahlo Way, Conlan Hall 107, San Francisco, CA 94112

VOLUNTARY UNPAID SERVICES

(This form must be completed each semester)

Name _____ CCSF ID# _____ or SSN (Last 4 Digits) xxx-xx-_____
Last First M.I.

Home Address _____
Street / City / State / Zip

Department _____ 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

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 Workers' Compensation.

_____ Date _____ Signature of Volunteer

Duties To Be Performed: (Please describe work to be done or duties to be performed)

RECOMMENDED:

APPROVED:

Department Chairperson

Associate Vice Chancellor Human Resources

School Dean

cc: Administrative Services
Buildings & Grounds
Volunteer

Routing: Volunteer
Department Chair
Dean
Human Resources