

# 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