SAN BERNARDINO COMMUNITY COLLEGE DISTRICT
Office of Human Resources & Employee Relations
114 South Del Rosa Drive, San Bernardino CA 92408

DISTRICT VOLUNTEER SERVICE VERIFICATION

Print Volunteer Name:_____ Division / Dept:_____

At (circle one): District Crafton KVCR SBVC PDC

Home Address:_____

City, State, Zip Code:_____ Telephone: _____

Division / Dep. Supervisor:_____ Ext.: _____

I will volunteer in this division / dept beginning on (date) _____ and ending on (date) _____. I acknowledge that I will not receive remuneration of any kind for services performed.

I understand that I may submit a claim for District Workers' Compensation benefits should any injury occur while performing this volunteer work.

Volunteer Signature: _____ Date: _____

Division / Dept. Supervisor Signature: _____ Date: _____

DISTRICTION: HR Department Volunteer
Revised: 10/21/02