EL PASO COMMUNITY COLLEGE
Volunteer Application Form

Personal Information

Name:_____
<div align="center">Last   First   MI</div>

Address:_____
<div align="center">Street # and name or PO Box   City State Zip Code</div>

Telephone_____ Date of Birth _____
<div align="right">Month Day Year</div>

Emergency Contact:

_____
<div align="center">Last Name   First Name   Relationship</div>

Address:_____
<div align="center">Street # and name or PO Box   City State Zip Code</div>

Telephone_____

Work Skills and Experiences

_____

_____

_____

_____

_____

_____

_____

Have you identified a Department at El Paso Community in which you would like to
Volunteer ?   [ ] Yes   [ ] No

If yes, which Department:
_____

Why do you wish to contribute your services to El Paso Community College?

_____

_____

_____

_____

STATEMENT OF RELEASE

I,_____, fully understand that as a
  Printed Name

volunteer at El Paso Community College from_____to_____,
                                          Month / Day / Year   Month / Day / Year

I will not be entitled to receive any remuneration from the College; however, I may be reimbursed expenses incurred on behalf of the College. Further, I accept complete responsibility for any medical fees that I might incur as a result of injury to me during this volunteer service and fully release El Paso Community College from any liability for such injury. I understand that I am not an employee of the College and have no property interest in employment with the College. During this period of volunteer service I understand that I will be required to abide by the policies and procedures of the College.

_____
Signature   Date   Last 4 of SSN

This is a security-sensitive position as defined under the Texas Education Code, Section 51.215; the successful applicant will be required to undergo a criminal background check, as permitted and/or required by applicable law, and in accordance with the College's policies and procedures.

Supervisor's Certification

Description of Work:

_____

Volunteer Schedule:_____Work

Hours/week_____ Period _____

Volunteer Site: Department_____Campus _____

_____
Supervisor   Date

_____
Budget Head   Date

Volunteer service is :   [   ] Approved   [   ] Disapproved

_____
Director of Human Resources   Date