

## Volunteer Service Form Check Off List for New Employee

- ☐ Volunteer Service Form Complete
- a. Top Portion Filled Out Completely
- b. All Appropriate Signatures

☐ Personal Data Report Form

☐ Employment Information

☐ Workers' Compensation: Pre-Designation of Personal Physician

☐ Tuberculosis Clearance

☐ Fingerprint Processing Form

☐ Employee Survey

**Note:** TB Clearance and Fingerprint Processing form is for community volunteers to complete only; student volunteers are not required to complete it.

**VOLUNTEER SERVICE FORM**

- All volunteers *MUST* be fingerprinted and be TB tested before starting services.
- Volunteer services cannot conflict with bargaining unit work.
- Volunteers *CAN* assist employees in the performance of their duties.
- Volunteer services are unpaid.

Volunteer's Name \_\_\_\_\_ DOB \_\_\_\_\_

Address/ City/ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Social Security No. \_\_\_\_\_ Driver License or CA I.D. # \_\_\_\_\_

**To Be Completed by Requestor and Approving Parties**

Specific duties to be performed: \_\_\_\_\_

Work Location: \_\_\_\_\_ Department: \_\_\_\_\_

☐ instructional assistant    ☐ coaching assistant    ☐ tutor    ☐ intern    ☐ Managerial
☐ Special Event (event name) \_\_\_\_\_☐ Other \_\_\_\_\_

Begin Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Days / Hours expected to volunteer: \_\_\_\_\_

Will the volunteer have direct contact with children under the age of 18 and have direct control over the children's activities or physical whereabouts? Yes \_\_\_\_\_ No \_\_\_\_\_

Requestor's Name \_\_\_\_\_ Manager's Name \_\_\_\_\_ Vice President's Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**To Be Completed by Volunteer**

1. A. Have you ever been convicted of any criminal offense? Yes \_\_\_\_\_ No \_\_\_\_\_

If "yes," complete Part A on the Personal Data Report Form (attached): Please state for each conviction the specific charge for which you were convicted, the date and place of conviction, as well as the jail-prison sentence or fine you received. Please be aware that certain offenses need not be reported (See California Code of Regulations, Title 2, section 7287.4). Regardless of Title 2, California Code of Regulations, section 7287.4, you must report all sex and drug offenses specified in Education Code sections 87010 and 87011. A record of conviction will not necessarily constitute a bar from employment.

B. In addition, Labor Code section 432.7 allows an employer to ask: Do you currently have any offenses pending against you in a criminal court of law for which you are out on bail or have been released on your own recognizance pending trial? Yes \_\_\_\_\_ No \_\_\_\_\_

If "yes," complete Part B on the Personal Data Report Form (attached), please specify the charge(s), the county in which the charge(s) is pending, and the date of trial, if set.

2. Do you have relatives currently working for the District? Yes \_\_\_\_\_ No \_\_\_\_\_

Names/ Location: \_\_\_\_\_

3. Name and phone of emergency contact: \_\_\_\_\_

Are you currently employed by the District? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, identify location &amp; Department:

Work Location: \_\_\_\_\_ Department: \_\_\_\_\_

*I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge.*

Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_

**HR Review / Processing:**

\_\_\_\_\_  
*Reviewed by/Date*      *Board Approval Date*

**USE THIS AGREEMENT for Volunteer Services only.**

**DO NOT USE THIS AGREEMENT for any services which will be paid for by the District.**

**San Jose - Evergreen Community College District**  
**VOLUNTEER WAIVER OF LIABILITY,**  
**ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT**

☐ Evergreen Valley College    ☐ San Jose City College    ☐ Work Force Institute    ☐ District Office

This Agreement entered into this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_ is made between the San Jose-Evergreen Community College District, hereinafter referred to as the "DISTRICT", and the following named individual, \_\_\_\_\_, hereinafter referred to as the "INDIVIDUAL".

**1. INDIVIDUAL'S INFORMATION:**

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**2. VOLUNTEER SERVICES:** \_\_\_\_\_

**3. DATES OF VOLUNTEER SERVICES:** \_\_\_\_\_

**4. INDEMNIFICATION AND HOLD HARMLESS:**

INDIVIDUAL shall indemnify, defend and hold the DISTRICT, its Board of Trustees, officers, agents and employees harmless from any and all claims, damages, losses, causes of action and demands, including reasonable attorney's fees and costs, incurred in connection with or in any manner arising out of INDIVIDUAL'S performance of the work contemplated by this Agreement. INDIVIDUAL further releases any and all claims against the DISTRICT arising from any injury INDIVIDUAL suffers which was caused by any condition of the property in or about the area in which work is to be performed and agrees to be solely responsible for any such injury or damage. Acceptance of this Agreement constitutes that the INDIVIDUAL is not covered under the DISTRICT'S general liability insurance, employee benefits or worker's compensation. It further establishes that the INDIVIDUAL shall be fully responsible for such coverage.

**5. CONFIDENTIALITY:**

In performing his/her duties hereunder the INDIVIDUAL may from time to time gain incidental access to confidential information and records including student record information as defined by 20 USC section 1232g. The parties agree that such incidental access is not a provision of conveyance or disclosure to INDIVIDUAL of student record information in violation of section 1232g or of any similar state law. INDIVIDUAL agrees that if in the performance of his/her duties he/she does obtain such access he/she shall refrain from any removal, use or disclosure to any third person of such information and records and shall take any and all necessary affirmative steps to maintain the confidentiality, and to avoid such removal, use or disclosure, whether intentional or inadvertent, of such records and information.

**6. SIGNATURES:**

The parties to the Agreement, under penalty of perjury, hereby certify that all of the above items are to the best of their knowledge true and correct statements.

INDIVIDUAL

By: \_\_\_\_\_

Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Name (please print)

SAN JOSE EVERGREEN COMMUNITY COLLEGE DISTRICT

By: \_\_\_\_\_

Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Title

# PERSONAL DATA REPORT FORM

San Jose/Evergreen Community College District – Human Resources Department

## READ CAREFULLY AND FOLLOW THE INSTRUCTIONS

Legal NAME (Last, First ,Middle)

**(PLEASE PRINT)**

Our responsibility to students and the public, and restrictions outlined in the State Education Code § 87405-87406 and § 88022-88023, require that we request the following information.

- A. Have you ever been convicted of any offense by any civilian or military court? A plea of nolo contendere is considered a conviction. **The following need not be reported (1) minor traffic violations; (2) any offense which was finally settled in a juvenile court or under a welfare youth offender law; (3) any incident that has been sealed under Welfare and Institutions Code § 781 or Penal Code § 1203.45; (4) any conviction specified in Health and Safety Code § 11361.5 (some marijuana offenses).**

☐

Yes

☐

No

If yes, please note in the spaces below the date and place of each conviction, the specific charge, the fine or sentence received and any other remarks you may feel are relevant.

If you have no information to list, indicate "N/A" (not applicable), sign and date the form.

Date, City & State of conviction/arrest(s).	Specific charge or code section violated.	Disposition (results): how much fine; how long in jail or prison; how much probation	Remarks: state briefly any other particulars not already covered or information you wish to provide.

Please be advised that being convicted of a criminal offense does not necessarily disqualify you for employment eligibility. However, conviction of a sexual offense or controlled substance offense will automatically disqualify you as an employee. All employment selections shall be based upon job-related qualifications. Please contact the Human Resources Office at (408) 274-6404 should you have any questions or concerns.

- B. Do you currently have any offenses pending against you in a criminal court of law for which you are out on bail or have been released on your own recognizance pending trial?

☐

Yes

☐

No

If yes, please note in the spaces below the date and place of each conviction, the specific charge, the fine or sentence received and any other remarks you may feel are relevant.

If you have no information to list, indicate "N/A" (not applicable), sign and date the form.

Specific charge or code section violated.	County in which charge is pending.	Trial Date (if set)

I hereby give my consent to search for a criminal history by member of the police department, and I understand that a conviction for a sexual offense or controlled substance offense will automatically disqualify me as an employee.

I acknowledge that I have listed the requested information accurately

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

## EMPLOYMENT INFORMATION

Legal  
Name:

\_\_\_\_\_  
Last

\_\_\_\_\_  
First

\_\_\_\_\_  
MI

### ***OATH OR AFFIRMATION OF ALLEGIANCE***

(This form is required under Section 3 of Article XX of the Constitution of the State of California)

"I, \_\_\_\_\_ (print full name), do solemnly swear (or affirm) that:  
*Check appropriate box*

☐ ***U. S. Citizens:***

I will support and defend the Constitution of the United States and the Constitution of the State of California against all enemies, foreign and domestic; that I will bear faith and allegiance to the Constitution of the United States and the Constitution of the State of California; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties upon which I am about to enter."

☐ ***Employees who are not U. S. Citizens:***

I will support the institutions and policies of the United States of America during the period of my sojourn in the State of California; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties upon which I am about to enter."

☐ ***Employees claiming exempt under the Religious Freedom and Restoration Act of 1993:***

I agree to loyally and lawfully discharge the duties of my assigned position and, in accordance with the performance of these duties, I agree to abide by the Constitution of the United States and the Constitution of the State of California and any and all laws set forth by the federal and state governments and the San Jose/Evergreen Community College District."

Signature \_\_\_\_\_

Date \_\_\_\_\_

### ***CHILD ABUSE REPORTING REQUIREMENTS EMPLOYEE ACKNOWLEDGEMENT***

I herby certify that I have read the summary of Penal Code Sections 11164-11174.3 provided in my employment packet, I understand the contents, and I agree to comply with provisions of the law.

Signature \_\_\_\_\_

Date \_\_\_\_\_

### ***EMERGENCY CONTACTS***

**Primary:**

Name: \_\_\_\_\_  
(Please Print)

Address: \_\_\_\_\_

Phones: Home: \_\_\_\_\_

Cell: \_\_\_\_\_

Relation: \_\_\_\_\_

**Secondary:**

Name: \_\_\_\_\_  
(Please Print)

Address: \_\_\_\_\_

Phones: Home: \_\_\_\_\_

Cell: \_\_\_\_\_

Relation: \_\_\_\_\_

# workers' compensation: Pre-Designation of Personal Physician

If you have health insurance and you are injured on the job you have the right to be treated immediately by your personal physician (M.D., D.O), or medical group, if you notify your employer, in writing, prior to the injury. Per Labor Code 4600 to **qualify as the your predesignated, personal physician, the physician must agree, in writing, to treat you for a work related injury.** must have previously directed your medical care and must retain your medical history and records. Your predesignated physician must be a family practitioner, general practitioner, board certified or board eligible internist, obstetrician-gynecologist or pediatrician. Your "personal physician" may be a medical group if it is a single corporation or partnership composed of licensed doctors or medicine or osteopathy, which operates an integrated multi-specialty medical group providing comprehensive medical services predominantly for non-occupational illnesses and injuries.

This is an optional form that can be used to notify your employer of your personal physician. You may choose to use another form, as long as you notify your employer, in **writing, prior** to being injured on the job and provide **written verification** that your personal physician meets the above requirements and agrees to be predesignated. Otherwise, you will be treated by one of your employers' designated workers' compensation medical providers.

## EMPLOYEE NAME & ADDRESS:

- ☐ I acknowledge receipt of this form and elect **not** to predesignate my personal physician at this time. I understand that I will receive medical treatment from my employers' medical provider. I understand that, at any time in the future, I can change my mind and provide written notification of my personal physician. I understand that the written notification must be on file prior to an industrial injury.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- ☐ If I am injured on the job, **I wish** to be treated by my personal physician\*:

Name of Physician or Medical Group \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

\*This physician is my personal primary care physician who has previously directed my medical care and retains my medical history and records.

Name of Insurance Company, Plan, or Fund providing health coverage for nonoccupational injuries or illnesses: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***A Personal Physician must be willing to be predesignated and treat you for a workers' compensation injury. The remainder of this form is to be completed by your physician and returned to Human Resources.***

## PERSONAL PHYSICIAN ACKNOWLEDGEMENT

Per Labor Code 4600 to qualify you must meet the criteria outlined above. You are not required to sign this form, however, if you or your designated employee, does not sign, other documentation of the physicians' agreement to be predesignated will be required pursuant to Title 8, California Code of Regulations, section 9780.1(a)(3).

PERSONAL PHYSICIAN OR MEDICAL GROUP NAME: \_\_\_\_\_

- ☐ I agree to treat the above named employee in the event of an industrial accident or injury. I meet the criteria outlined above. I agree to adhere to the Administrative Director's Rules and Regulations, Section 9785, regarding the duties of the employee-designated physician.

\_\_\_\_\_  
(Physician or Designated Employee of the Physician or Medical Group)

\_\_\_\_\_  
Date

**Please return completed form to:**

**Human Resources 40 S Market Street, San Jose CA 95113 or Fax to 1-408-239-8804**



San Jose/Evergreen Community College District  
Office of Human Resources

## Job Applicant and Employee Survey

Information: The following will assist San Jose/Evergreen Community College District in evaluating its hiring practices and to prepare recruitment reports requested by law. This information will be kept confidential.

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Gender:      ☐ Male      ☐ Female      Vietnam Era (8/5/64-5/7/75)?      ☐ Yes ☐ No

Race/Ethnic Group (check one or more which you feel best represents you)

Hispanic or Latino?      ☐ Yes ☐ No

- |                                                             |                                           |
|-------------------------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Mexican/ Mexican-American, Chicano | <input type="checkbox"/> Central American |
| <input type="checkbox"/> South American                     | <input type="checkbox"/> Hispanic Other   |

Asian or Pacific Islander?      ☐ Yes ☐ No

- |                                   |                                     |                                    |                                                 |
|-----------------------------------|-------------------------------------|------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Chinese  | <input type="checkbox"/> Cambodian  | <input type="checkbox"/> Samoan    | <input type="checkbox"/> Asian Other            |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Hawaiian  | <input type="checkbox"/> Pacific Islander Other |
| <input type="checkbox"/> Korean   | <input type="checkbox"/> Filipino   | <input type="checkbox"/> Guamanian |                                                 |
| <input type="checkbox"/> Laotian  | <input type="checkbox"/> Indian     |                                    |                                                 |

Black or African American?      ☐ Yes      ☐ No

American Indian/Alaskan Native?      ☐ Yes      ☐ No

White?      ☐ Yes      ☐ No

*Thank you for completing this*

*survey. HR/7.1.17*

**To: All Employees**

**From: Human Resources Services Group**

**Subject: Tuberculosis Assessment**

Education Code 87408.6 requires that all employees undergo a risk assessment to determine their freedom from active tuberculosis. TB assessments are a condition of employment. They must be completed at time of hire and every four years thereafter. In compliance with this section, the District shall pay for the assessment related expenses.

Please make arrangements within 3 days after your start date or expiration date of four years, for a tuberculosis assessment at the Health Services office at the college campus where you are employed or at the college most convenient to you if you are a District-wide employee. Please call for an appointment:

**San Jose City College** - Student Health Services  
(408) 288-3724

**Evergreen Valley College** – Student Health Services  
(408) 270-6480

You must present the attached form to the nurse. Health Services cannot provide the TB assessment without this form. A photo ID is also required for service. If your assessment results in risk factors for TB, you will need to have a TB test conducted.



## TUBERCULOSIS ASSESSMENT

Please make arrangements within 3 days after your start date or expiration date of four years for a tuberculosis assessment at the Health Services office at the college campus where you are employed, or at the college most convenient to you if you are a District-wide employee.

PLEASE CALL FOR AN APPOINTMENT:

### Location:

#### San Jose City College

(408) 288-3724

Please call to schedule an appointment and check our webpage for clinic hours:

<http://www.sjcc.edu/current-students/on-campus-resources/student-health-services>

#### Evergreen Valley College

(408) 270-6480

Please call to schedule an appointment.

**You must present this form to the nurse.** Health Services cannot provide the TB assessment without this form. A photo ID is also required for this service. Depending on the results of the assessment, you may be required to take a TB test. Health Services will make that determination and inform you of next steps. In order to be cleared for employment, a Clearance form must be completed by Health Services and returned to Human Resources.

## TUBERCULOSIS ASSESSMENT

The employee/worker/volunteer listed below is authorized to obtain tuberculosis screening at District expense.

### Supervisor/Manager/Dean/Human Resources Authorization:

\_\_\_\_\_  
(Please Print) (Signature) Date: \_\_\_\_\_

Name of Employee/Worker/Volunteer: \_\_\_\_\_ ID#: \_\_\_\_\_  
(Please Print)

Work Location: ☐ SJCC ☐ EVC ☐ District Office ☐ Other: \_\_\_\_\_



## REQUEST FOR LIVE SCAN SERVICE

### *Applicant Submission*

A0605

ORI (Code assigned by DOJ)

Authorized Applicant Type

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

### Contributing Agency Information:

San Jose-Evergreen Community College District

Agency Authorized to Receive Criminal Record Information

40 South Market Street

Street Address or P.O. Box

San Jose

City

CA

State

95113

ZIP Code

00380

Mail Code (five-digit code assigned by DOJ)

Michelle McKay

Contact Name (mandatory for all school submissions)

(408) 223-6713

Contact Telephone Number

### Applicant Information:

Last Name

First Name

Middle Initial

Suffix

Other Name

(AKA or Alias) Last

First

Suffix

Date of Birth

Sex

☐

Male

☐

Female

Driver's License Number

Height

Weight

Eye Color

Hair Color

Billing

Number BIL-140300

(Agency Billing Number)

Misc.

Number

(Other Identification Number)

Place of Birth (State or Country)

Social Security Number

Home

Address Street Address or P.O. Box

City

State

ZIP Code

Your Number:

OCA Number (Agency Identifying Number)

Level of Service:

☒

DOJ

☒

FBI

If re-submission, list original ATI number:

(Must provide proof of rejection)

Original ATI Number

### Employer (Additional response for agencies specified by statute):

San Jose/Evergreen Community College District

Employer Name

40 S. Market St

Street Address or P.O. Box

San Jose,

City

CA

State

95113

ZIP Code

A0605

Mail Code (five digit code assigned by DOJ)

Telephone Number (optional)

### Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed

## DIRECTIONS FOR MAKING LIVE SCAN APPOINTMENTS

**You Must Get Your Fingerprints Done Within the First Ten Days of Your Start Date with The District (Per *Ed Code 88024*).**

**All fingerprint scans are to be completed by SJECCD Campus Police at Evergreen Valley College.** Fingerprint scans obtained elsewhere will be self-procured.

**To schedule an appointment:**

1. Email the Campus Police department at [Livescan@sjeccd.edu](mailto:Livescan@sjeccd.edu) and request a Live Scan appointment to be scheduled within 7 days.
2. Using the ***Request for Live Scan Service*** form provided to you by Academic Services, Academic Support, or Human Resources - enter all required fields in the Applicant Information section and take this form with you to your appointment at Campus Police.
3. After your appointment, please return a copy of the *Request for Live Scan* form receipt received from the District Police Department, to the employee in Academic Services, Academic Support, or Human Resources that directed you to be fingerprinted.

***Fingerprint Clearance by the FBI and State of California is mandatory.***

***Failure to comply within 10 days of your start date will result in stoppage of work without pay, and may result in termination of employment.***

Governing Board

Mayra Cruz • Maria Fuentes • Wendy Ho • Jeffrey Lease • Craig Mann • Karen Martinez • Rudy Nasol