

# EL PASO COMMUNITY COLLEGE

## Volunteer Application Form

### Personal Information

Name: \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_  
Street # and name or PO Box City State Zip Code

Telephone \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Month Day Year

Emergency Contact: \_\_\_\_\_  
Last Name First Name Relationship

Address: \_\_\_\_\_  
Street # and name or PO Box City State Zip Code

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 Social Security Number  
\_\_\_\_\_  
Date

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### Supervisor's Certification

Description of Work:

\_\_\_\_\_  
Volunteer Schedule: \_\_\_\_\_ Work  
Hours/week \_\_\_\_\_ Period \_\_\_\_\_

Volunteer Site: Department \_\_\_\_\_ Campus \_\_\_\_\_

\_\_\_\_\_  
Supervisor Date

\_\_\_\_\_  
Budget Head Date

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Volunteer service is :     Approved     Disapproved

\_\_\_\_\_  
Director of Human Resources Date