

**PENSACOLA STATE COLLEGE
HUMAN RESOURCES OFFICE
VOLUNTEER PACKET**

Volunteer Name _____

College ID Number _____

Department _____

Department Supervisor _____

Note: Only ***completed*** packets for ***volunteers*** should be sent to Human Resources.

CRIMINAL BACKGROUND CHECKS / FINGERPRINTING PROCESS

Pensacola State College has adopted an outsourced process for background checks for all new hires and volunteers since August 1, 2007. Instructions and guidelines are in the web document that employees will use to complete the background check.

ALL new hires and new volunteers must access the website https://www.priderockholdings.com/SafeSupport/instructions.php?comp_id=158 to complete the background check. This link will be under the 'faculty & staff' link from the pensacolastate.edu site. Please reference the Board of Trustees' Policy, 6Hx20.1.036 (under Documents & Links) for further information.

Questions may be directed to:

Tammy R. Henderson

Director, Human Resources

1000 College Blvd.

Pensacola FL 32504-8998

Office Phone: 850.484.1766

FAX: 850.484.1711

thenderson@pensacolastate.edu

PENSACOLA STATE COLLEGE
VOLUNTEER WORKER GENERAL RELEASE

I _____
 (Volunteer)

of _____
 (Street) (City) (State) (Zip Code)

Hereby agree to release, and forever discharge the District Board of Trustees of Pensacola State College, its trustees, officers, employees and agents of all liabilities, claims, demands, and actions whatsoever, arise out of my volunteer work. This relates to any loss, damage, or injury, including death that may be sustained, while in or on the premises of Pensacola State College or any premises leased to, used, or under the control or supervision of Pensacola State College or while enroute to or from such premises.

In signing this, I acknowledge that I have read this release, that I understand and acknowledge the significance and consequence of this release and that I am signing it voluntarily.

ACKNOWLEDGEMENT OF CRIMINAL BACKGROUND CHECK

I agree to comply with the policies and procedures of Pensacola State College and will conduct myself in an appropriate and professional manner. I understand that I am required to submit to a criminal background investigation if I choose to volunteer within Pensacola State College.

Signature of Volunteer

Date

Signature of Parent (if volunteer is a minor)

Date

**PENSACOLA STATE COLLEGE
VOLUNTEER WORKER APPLICATION**

Name: _____ ID# _____

Address City State Zip Code

Telephone: _____
(Home) (Work)

I wish to volunteer my services to Pensacola State College in the following capacity:

I can start work on _____, and work as needed until further notice
or until _____. My approximate work hours are from _____
until _____ on the following days: _____
_____. I understand that I will not receive any payment for my
services.

Volunteer's Signature Date

To be completed by the Department

The volunteer will be assigned to work in the following capacity: _____
(Describe Capacity)

The volunteer will work on the _____ Campus.

Department/Cost Center Assigned: _____

Department Head's Signature Date

Senior Administrator's Signature Date

PLEASE FORWARD THE **ORIGINAL** COMPLETED PACKET
TO THE HUMAN RESOURCES DEPARTMENT

09/14/2012

VOLUNTEER WORKER'S TIME REPORT FOR WORKER'S COMPENSATION

NAME OF VOLUNTEER _____

LAST FOUR OF SOC SEC # _____

COST CENTER # AND DEPT NAME _____

| Date Worked | Number of Hours Worked | Services Performed | Estimated Value of Service Performed |
|-------------|------------------------|--------------------|--------------------------------------|
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Dept. Head/Supervisor: _____ Date: _____
Signature

Please complete and forward this form to the Human Resources Department each quarter.