



**\*\*Must submit copy of a valid photo ID\*\***

Name: \_\_\_\_\_ Social Security # \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Emergency Contact Name and Phone: \_\_\_\_\_  
 Location of Volunteer Work:  WHC Coalinga  WHC Lemoore  
 North District Center  District Office  
 Other

Department/Event Name: \_\_\_\_\_

Assignment Title: \_\_\_\_\_

(i.e. office help, general laborer, event staff, etc.)

Date(s) of Volunteer Service: From \_\_\_\_\_ To \_\_\_\_\_

Have you ever been convicted, pled guilty to, or pled no contest to any criminal offense by any court?  Yes  No

If yes, please note the date and place of each offense, the specific charge, the date and place of conviction, or plea, the fine or sentence received or the diversion program entered. You may omit any offense for which the only punishment imposed was a fine of less than \$100. Any offense for which you were convicted for which the fine in excess of \$100 or which required serving a jail or prison sentence, or which required probation must be reported. Attach additional pages to this application to record the necessary information. (Note: Having a criminal record does not necessarily disqualify an individual from volunteer service. Each case is given individual consideration based on job-related criteria).

I hereby request permission to volunteer my services as indicated above. It is my understanding that I am volunteering my services under the following conditions:

- The West Hills Community College District is responsible and liable for injuries which may incur while performing volunteer services.
- My services will be rendered without pay from the West Hills Community College District.
- During the period of my volunteer services I will not accrue any right to temporary, probationary, permanent, or contract employment.
- My duties will be performed under the guidance and supervision of an employee of the West Hills Community College District.

Signature of Volunteer: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name and Signature of Parent: \_\_\_\_\_  
(required if volunteer is under the age of 18)

It is my recommendation that the above request be honored.

	Printed Name	Signature	Date
Supervisor	_____	_____	_____
Area Administrator	_____	_____	_____
Human Resources	_____	_____	_____
VC of Business Services	_____	_____	_____

July 27, 2011

Dear Employee/Applicant,

The West Hills Community College District has implemented a Medical Provider Network (MPN) for workers' compensation. This MPN is called "PRIME Advantage Medical Provider Network".

Unless you pre-designate a physician or medical group, any work injuries arising on or after July 1, 2011 will be treated by providers in the PRIME Advantage Medical Provider Network.

If you have an existing workers' compensation injury, you may be required to change to a provider in the new MPN. Please check with your claims adjuster first.

More information about the MPN can be found on the workers' compensation poster or by contacting us at (559) 934-2155 or (559) 934-2159.

Sincerely,

*Ken Stoppenbrink*

Ken Stoppenbrink  
Vice Chancellor of Business Services/Human Resources