

MENDOCINO COLLEGE

AUTHORIZATION TO SERVE AS A VOLUNTEER

TO BE COMPLETED BY VOLUNTEER:

Name: _____ Date of Birth: _____

Address: _____

Telephone: Home _____ Cell/Other _____

TO BE COMPLETED BY SUPERVISOR:

Briefly describe volunteer assignment: ___As a member of the _____
_____ FMCCFSNS affiliate, will participate in work projects _____
_____ at the coastal field station. _____

Dates of volunteer assignment: ___July 2017-June 2018_____

Days and hours per week: ___Various hours / various days_____

THIS AUTHORIZATION TO SERVE AS A VOLUNTEER WILL EXPIRE ACCORDING TO THE DATES INDICATED ABOVE.

APPROVAL:

Signature-Supervisor: _____ Date: _____

Signature-VP: _____ Date: _____

FORWARD TO HUMAN RESOURCES

Signature-HR Director: _____ Date: _____

Name to Board _____