

**San Diego Community College District
Unpaid Work Experience – Student Volunteer Form**

College:	City	Mesa	Miramar
Semester:	Fall	Spring	Summer
Year:			

STUDENT INFORMATION				
Last Name:		First Name:		CSID:
Phone:			Email:	
Have you completed Unpaid Work Experience in the past?		If yes, when?		
Yes	No	Semester(s) & Year(s):		

COURSE INFORMATION				
Course:	270	272	CRN:	# Units:
Subject:			Assigned Instructor:	

UNPAID WORK EXPERIENCE VOLUNTEER INFORMATION			
Position Title:		Begin Date:	End Date:
Hours per Week:		Days per week:	

RISK MANAGEMENT QUESTIONS					
For this position do you:	Operate a company vehicle?	Operate heavy equipment (forklift, bulldozer, press machinery, etc.)?	Work with hazardous materials?	Work with minors?	Work in a private residence?
	Yes No	Yes No	Yes No	Yes No	Yes No
Comments:					

UNPAID WORK EXPERIENCE SITE INFORMATION			
Company Name:			
Address:		City:	Zip:
Worksite Address: (If different than company address)		City:	Zip:
Supervisors Name:		Title:	
Phone:		Email:	

AUTHORIZATION		
Work Experience Coordinator/Instructor print name:	Signature:	Date:
Dean print name:	Signature:	Date:
Student print name:	Signature:	Date:

Work Experience Office Use Only - If student answered Yes to any of the Risk Management questions, please explain how risks will be mitigated.

Risk Management Use Only - Reviewed by:	Date:
Notes:	