

**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? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when? Semester(s) & Year(s):	

COURSE INFORMATION		
Course: <input type="checkbox"/> 270 <input type="checkbox"/> 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 vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No	Operate special equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No	Work with hazardous materials? <input type="checkbox"/> Yes <input type="checkbox"/> No	Work with minors? <input type="checkbox"/> Yes <input type="checkbox"/> No

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:	