



Welcome from the Office of Human Resources!

Volunteer Hiring Guidelines

As a condition of employment, the following documents and information are to be submitted to your hiring administrator or respective hiring department for processing:

1. [Personnel Action Form \(PAF\)](#) – *to be completed by the Hiring Administrator only*
2. [Checklist for Hiring Form](#) – *to be completed by the Hiring Administrator only*
3. Volunteer Personal Information Form - *to be completed by volunteer.*
4. Fingerprint Live Scan Form – Complete live scan form and read State of California instructions. Return copy to the Office of Human Resources. - *to be completed by volunteer.*
5. Workers' Compensation Information

DEFINITION:

Volunteers are not paid and are not a part of the classified service. Like short-term employees, their service is requested on a temporary basis for assignments that are not recurring and are not a permanent component of the district's operations. They are retained for a specified period of time which should be clearly stated on the requisition.

EMPLOYMENT PERIOD

Volunteers are hired for a fiscal year. Each new fiscal year the Administrator in charge is to submit to Human Resources a rehire Personnel Action Form (PAF) for the new fiscal year.

If you have any questions, please contact [Denise Marriott Barajas](#), Office of Human Resources at (925) 485-5236.



CHABOT-LAS POSITAS COMMUNITY COLLEGE DISTRICT

Office of Human Resource Services

Volunteer Personal Information Form



Name:

(Last)

(First)

(Middle)

SSN or W#:

Date of Birth:

Permanent Address:

(Street & Number)

(City)

(State/Zip)

Mailing Address:

(if different from Permanent Address)

(Street & Number)

(City)

(State/Zip)

Contact #:

()

cell

home

work

Alternate #:

()

cell

home

work

College Email Address:

Other Email Address:

Sex:

Male

Female

Marital Status:

Single

Married

Divorced

Other: _____

If Married, name of Spouse: _____

Other Names Used: _____

Person to Notify in Case of Emergency: _____

Relationship to Person: _____

Address:

(Street & Number)

(City)

(State/Zip)

Contact #:

()

cell

home

work

Alternate #:

()

cell

home

work

Email Address: _____



CHABOT LAS POSITAS COMMUNITY COLLEGE DISTRICT Office of Human Resources

INSTRUCTIONS FOR FINGERPRINTING - Volunteers

The State of California Education Code, Section 87013 mandates employees of a community college district shall be fingerprinted within ten (10) working days of employment.

Under California law a plea or verdict of guilty or finding of guilt by the court is deemed to be a conviction, irrespective of a subsequent order under Penal Code section 1203.4 and Education Code sections 87008(a), 87009, 87013, 87405, 88022, and 88024. Relief under Penal Code section 1203.4 does not remove the fact of conviction as they relate to applications or questionnaires to public entities such as the Chabot - Las Positas Community College District. As a result, you are required to reveal any past conviction on your employment application.

Fingerprinting may only be completed by State of California's Department of Justice (DOJ) qualified Live Scan Site to perform fingerprinting services. The listing is available on the State of California's Department of Justice website: <http://ag.ca.gov/fingerprints/publications/contact.php>. It is strongly suggested that the applicant contact the Site you are interested in to verify a) cost of fingerprinting, b) cost of rolling fee, and c) hours of Live Scan operation.

STEPS TO FOLLOW:

- 1) Fingerprinting is to be accomplished as soon as possible to meet Board deadlines and confirm Human Resources start date.
- 2) Complete the middle section of the Request for Live Scan Service form by filling in your name, date of birth, sex, height, weight, eye and hair color, place of birth, driver's license number, and home address.
- 3) Take the Request for Live Scan Service form and a valid photo ID to one of the DOJ- qualified Live Scan Site to have the fingerprinting service performed.
- 4) Have the Live Scan Fingerprint Processing Agent complete and acknowledge the service by filling in the appropriate section at the bottom of the Request for Live Scan Service form.
- 5) The agency will process the Request for Live Scan Service form. The Live Scan Site should not charge you the processing fee – it is to be charged to the District's billing number #140127 directly and is noted on the live scan form. However, you will be charged for the rolling fee, which should range up to \$30. Please obtain a receipt and submit to the Office of Human Resources with Item #6 below for reimbursement.
- 6) The Live Scan Fingerprint Processing Agent will return a completed Request for Live Scan form back to you. Please return a copy of the Live Scan form with the rolling fee receipt to the address indicated below and keep a copy for your record.

Office of Human Resources
Chabot - Las Positas Community College District
Attention: Denise Marriott Barajas
7600 Dublin Boulevard, 3rd Floor
Dublin CA 94568

For additional information or questions please contact the Office of Human Resources, [Denise Marriott Barajas](mailto:Denise.Marriott.Barajas@chabot.edu), 925.485.5236.



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A0593

Volunteer Employment

ORI (Code assigned by DOJ)

Authorized Applicant Type

CC LPC DO Department working for:

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

Chabot-Las Positas Community College District

00417

Agency Authorized to Receive Criminal Record Information
7600 Dublin Boulevard, 3rd Floor

Mail Code (five-digit code assigned by DOJ)
Denise Marriott Barajas

Street Address or P.O. Box
Dublin CA 94568

Contact Name (mandatory for all school submissions)
(925) 485-5236

City State ZIP Code

Contact Telephone Number

Applicant Information:

Last Name First Name Middle Initial Suffix

Other Name (AKA or Alias) Last First Suffix

Date of Birth Sex Male Female

Driver's License Number

Height Weight Eye Color Hair Color

Billing Number **140127**
(Agency Billing Number)

Place of Birth (State or Country) Social Security Number

Misc. Number
(Other Identification Number)

Home Address Street Address or P.O. Box

City State ZIP Code

Your Number: **A0593**
OCA Number (Agency Identifying Number)

Level of Service: DOJ FBI

If re-submission, list original ATI number:
(Must provide proof of rejection)

Original ATI Number

Employer (Additional response for agencies specified by statute):

Chabot-Las Positas Community College District

00417

Employer Name

Mail Code (five digit code assigned by DOJ)

7600 Dublin Boulevard, 3rd Floor
Street Address or P.O. Box

Dublin CA 94568
City State ZIP Code

(925) 485-5236
Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator Date

Transmitting Agency LSID ATI Number Amount Collected/Billed

new hire pamphlet

If a work injury occurs

California law guarantees certain benefits to employees who are injured or become ill because of their jobs.

Any job related injury or illness is covered. Types of injuries include, but may not be limited to, strains, sprains, cuts, cumulative or repetitive traumas, fractures, illnesses and aggravations. Some injuries from voluntary, off duty, recreational, social or athletic activity may not be covered. Check with your supervisor or Keenan & Associates if you have any questions.

All work related injuries must be reported to your supervisor immediately. Don't delay. There are time limits. If you wait too long, you may lose your right to benefits. Your employer is required to provide you a claim form within one working day after learning about your injury.

It is a misdemeanor for an employer to discriminate against workers who are injured on the job or who testify in another employee's case. Any such employee may be entitled to compensation, reinstatement and reimbursement for lost wages and benefits.

Workers' compensation benefits include

Medical Care – All medical treatment, without a deductible or dollar limit. For dates of injury on or after 1/1/04 there is a limit of 24

chiropractic, 24 physical therapy and 24 occupational therapy visits. However this limit does not apply for post surgical treatments. Costs are paid directly by Keenan & Associates, through your employer's workers' compensation program, so you should never see a bill.

If emergency treatment is required go to the nearest emergency room or contact 911.

Keenan & Associates will arrange medical treatment, often by a specialist for the particular injury. Preferred Provider Networks may be utilized for physicians as well as medical care centers.

If you have health care coverage you are eligible to treatment with your personal physician or medical group should you become injured on the job. If you are eligible, **before you are injured**, you must notify your employer **in writing** and provide your employer **written** documentation from your personal physician or medical group that they agree to be predesignated. Your personal physician must be your regular primary care physician who previously directed your medical treatment, who retains your medical history and records. You may only predesignate your primary care physician if they are a family practitioner, general practitioner, board certified or board eligible internist, obstetrician-gynecologist, or pediatrician. Your personal physician may be a multispecialty medical group composed of licensed doctors or osteopathy providing medical services predominantly for non-occupational illness and injuries.

Your employer may be using a Medical Provider Network (MPN), which is a selected group of health care providers to provide treatment to

workers injured on the job. If you have predesignated a personal physician prior to your work injury, then you may receive treatment from your predesignated doctor. If you have not predesignated and your employer is using and MPN, you are free to choose an appropriate provider from the MPN list after the first medical visit directed by your employer or Keenan & Associates. If you are treating with a non-MPN doctor for an existing injury, you may be required to change to a doctor within the MPN. For more information, see the MPN contact information on reverse side.

If your employer **does not** participate in a Medical Provider Network (MPN) you may be able to change your treating physician to your personal chiropractor or acupuncturist. Generally your employer, or Keenan, has the right to select your treating physician within the first 30 days after your employer knows of your injury or illness. After your employer, or Keenan, initiates treatment you may, upon request, have your treatment transferred to your personal chiropractor or acupuncturist. To be eligible you must notify your employer **in writing prior to being injured**. However, a chiropractor cannot be your treating physician after receiving 24 chiropractic office visit.

Your employer will provide you with a form to use an optional method to predesignate your personal physician.

Contact Keenan & Associates if you plan to change physicians at any time.

Payment for Lost Wages - If you're temporarily disabled by a job injury or illness, you'll receive tax-free income until your doctor says you are able to return to work. Payments are two-thirds of your average weekly pay, up to

a maximum set by state law. Payments aren't made for the first three days unless you are hospitalized in an inpatient basis or unable to work more than 14 days.

If the injury or illness results in permanent disability, additional payments will be made after recovery. If the injury results in death, benefits will be paid to surviving, eligible dependents.

Rehabilitation – For dates of injury on or after 1/1/04 - you may be entitled to a **Supplemental Job Displacement Voucher**, which entitles you to a voucher for educational training.

MPN Information

Harbor Health Systems MPN Contact
(888) 626-1737
MPNcontact@harborsys.com

How to obtain additional information

Contact your employer representative or Keenan & Associates if you have questions about workers' compensation benefits. You may also contact an Information and Assistance Officer at the State Division of Workers' Compensation. You can consult an attorney. Most attorneys offer one free consultation. If you decide to hire an attorney, his or her fee will be taken out of some of your benefits. For names of workers' compensation attorneys, call the State Bar of California at 415-538-2120.

Department of Workers' Compensation Information and Assistance Offices

You can get free information from a state Division of Workers' Compensation Information & Assistance Officer. The phone numbers are listed below. Hear recorded information by calling toll-free 800-736-7401 or visit www.dwc.ca.gov.

Anaheim	714-414-1804
Bakersfield	661-395-2514
Eureka	707-441-5723
Fresno	559-445-5355
Goleta	805-968-4158
Long Beach	562-590-5001
Los Angeles	213-576-7389
Marina Del Rey	310-482-3858
Oakland	510-622-2861
Oxnard	805-485-3528
Pomona	909-623-8568
Redding	530-225-2047
Riverside	951-782-4347
Sacramento	916-928-3158
Salinas	831-443-3058
San Bernardino	909-383-4522
San Diego	619-767-2082
San Francisco	415-703-5020
San Jose	408-277-1292
San Luis Obispo	805-596-4159
Santa Ana	714-558-4597
Santa Rosa	707-576-2452
Stockton	209-948-7980
Van Nuys	818-901-5367

Keenan & Associates adjusting locations

Torrance
800-654-8102

Eureka
707-268-1616

Pleasanton
925-225-0611

Rancho Cordova
800-343-0694

Redwood City
650-306-0616

Riverside
800-654-8347

San Jose
800-334-6554

Anyone who knowingly files or assists in the filing of a false workers' compensation claim may be fined up to \$150,000 and sent to prison for up to five years.
[Insurance Code Section 1871.4]