

Hiring  
Paperwork Received: \_\_\_\_\_

Course  
Length:  16 weeks  8 weeks  6 weeks  Other



**Notetaker SERVICES**

Fiscal Year \_\_\_\_\_

NOTE: Only use Black or Blue pen when completing these forms.

Summer \_\_\_\_\_  Fall \_\_\_\_\_  Winter \_\_\_\_\_  Spring \_\_\_\_\_

\_\_\_\_\_  
Notetaker (Name) Banner ID #: Area Code + Phone Number

\_\_\_\_\_  
**Student's Name**  
(Student Requesting Notetaker)

\_\_\_\_\_  
**Class or Subject**

NOTE: Please use a separate form if taking notes for more than one student.

NOTE: List all classes for this student that you are taking notes for.

Do not go below this line  
Staff Only

	<b>B</b>	<b>H</b>	<b>L</b>	<b>V</b>	<b>M</b>	<b>O</b>	<b>S</b>	<b>P</b>	<b>D</b>
<b>B</b> =Brain Injury	<b>H</b> =Deaf/Hard of Hearing	<b>L</b> =Learning Disabled	<b>V</b> =Vision	<b>M</b> =Mobility	<b>O</b> =Other Medical-Specify	<b>P</b> =Psychological	<b>D</b> =Developmentally Delayed Learner		

Comments:

GPA: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>Approved by:</b> G. Hanson				J. Bradley	T. Engle	V. Greco		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
B. Quinn	E. Reyes			Date Approved				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>		Hire Card Completed	Pay Period /Date Completed Staff Initial	

**CAMPUS VOLUNTEER ENROLLMENT FORM**

Date of Request \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Social Security \_\_\_\_\_

Position Title \_\_\_\_\_

Start Date \_\_\_\_\_ Estimated End Date \_\_\_\_\_

**IN CASE OF EMERGENCY, PLEASE CALL:**

\_\_\_\_\_ Phone ( ) \_\_\_\_\_

\_\_\_\_\_ Phone ( ) \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

I agree to hold Mt. San Antonio College harmless for injuries or damages caused by my negligence or willful act(s) while engaged in my volunteer service of Mt. San Antonio College.

I understand that by serving in some positions in the District, I may be exposed to blood or other potentially infectious materials which may place me at risk of acquiring the Hepatitis B Virus (HBV) and/or other infectious diseases. The College recommends that I seek immunization against the Hepatitis B Virus (HBV). I understand that I should check with my manager for further information.

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

\_\_\_\_\_  
Signature of Supervisor Date

\_\_\_\_\_  
Signature of Division Dean/Department Manager Date

**MT. SAN ANTONIO COLLEGE  
EFFECTIVE DATE OF EMPLOYMENT**

- Certificated\_\_
- Classified\_\_
- Other\_\_

Supervisor \_\_\_\_\_  
Dept. \_\_\_\_\_

The date that I am to begin work is \_\_\_\_\_ and I understand that I cannot be paid for any services rendered prior to signing the Loyalty Oath.

\_\_\_\_\_  
Signature

**OATH OF ALLEGIANCE**

"I, \_\_\_\_\_, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the Constitution of the State of California against all enemies, foreign and domestic; that I will bear true faith and allegiance to the Constitution of the United States and the Constitution of the State of California; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties upon which I am about to enter."

\_\_\_\_\_  
Signature

Subscribed and affirmed to before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Name  
rev. 3/18/04

\_\_\_\_\_  
Title

<p><b>MT. SAN ANTONIO COLLEGE STUDENT SERVICES CONFIDENTIALITY POLICY</b></p>
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The confidentiality of student and staff information is protected under federal law. Any information regarding students or staff that you might access in the course of your work assignment either through a computer, student file, communications, observations, or other information shared or overheard, is to be used strictly to perform your job duties and may only be shared with those who are authorized to have such information. You may not change, alter, copy, or divulge any such information unless it is required to carry out your volunteer assignment.

I \_\_\_\_\_, have read and understand the paragraph above concerning the confidentiality of student and staff information. I agree to maintain the confidentiality of all such information and understand that the improper disclosure or use of any such information may result in the termination of my volunteer assignment.

Volunteer Name (Print)	Volunteer Name (Signature)	Date
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Mt. SAC Authorized Witness (Signature)	Dean _____ Title	Date
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## **HUMAN RESOURCES**

### **DISTRICT POLICY ON DRUG FREE ENVIRONMENT**

The Board of Trustees of Mt. San Antonio College District adopted a policy regarding a "Drug-Free Environment." This Board Policy is printed on the reverse side of this memorandum. The policy prohibits illegal manufacture, distribution, dispensation, possession, use or sale of controlled substances by District employees in the workplace. Any violation of the policy may be cause for disciplinary action which may include termination or may require an employee to participate satisfactorily in a substance-abuse assistance or rehabilitation program.

Mt. San Antonio Community College District strives to maintain a drug-free environment. The College recognizes substance dependency as potentially treatable and encourages employees with substance dependency problems to contact Student Health Services or Human Resources for assistance in obtaining information about appropriate available counseling and rehabilitation services for themselves and their families.

If you have any questions about the policy or need more information, contact Student Health Services at ext. 4400 or Human Resources at ext. 4225.

**Mt. San Antonio College  
COLLEGE DRUG FREE POLICY**

I, hereby acknowledge receipt of the *College Drug Free Policy* and the *BP 3550 Drug Free Environment and Drug Prevention Program* policy. Upon receiving this policy I further acknowledge that I have been provided an explanation and that I have a reasonable understanding of the policy. I also understand the rules and regulations of this policy.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature