

VOLUNTEER PROGRAM

Orientation Checklist (Rev. 12/2020)

CONFIDENTIAL: Documents listed contain personal information. Pursuant to Civil Code 1798.21, the documents shall be kept confidential in order to protect against unauthorized disclosure.

VOLUNTEER NAME (Last, First, M.I.)

SOCIAL SECURITY NUMBER (LAST 4)

DIVISION

OFFICE

VOLUNTEER'S SUPERVISOR

The linked documents are an important part of the volunteer orientation. The completion of these documents will formalize the volunteer appointment and will ensure that the volunteer is covered by Workers' Compensation Insurance. The volunteer's supervisor should maintain copies of all the forms and the Volunteer Program Administrator will maintain the originals.

Check the appropriate box when each document is completed. Submit original documents to the Volunteer Program Administrator within 5 working days of the volunteer's start date.

[Volunteer Record and Service Agreement \(DGS OHR 79\)](#)

[Oath of Allegiance \(STD 689\)](#)

[Travel Expense Claim \(STD 262\)*](#)

[Authorization to Use Privately Owned Vehicle on State Business \(STD 261\)**](#)

[Emergency Information/Physician Designation \(DGS OHR 20\)](#)

[Essential Functions Health Questionnaire \(STD 910\)](#)

*Complete for reimbursement if volunteer is authorized travel expenses.

**Complete if volunteer will be driving own vehicle for business.

Documents listed below are to be completed by certain deadlines and original documents must be submitted to the Volunteer Program Administrator.

- Volunteer Timesheet – Must be completed by the volunteer and reviewed by the supervisor on a monthly basis and submitted to the Volunteer Program Administrator by the 5th of each month.
- Volunteer Program Evaluation – Volunteer completes the program evaluation when leaving the program.

Route the original forms to the Volunteer Program Administrator:

Volunteer Program Administrator
Department of General Services
Office of Human Resources
707 Third Street, Suite 7-130
West Sacramento, CA 95605