

Volunteer Agreement Letter

TO: _____ Docents and Volunteers
(Name of Division/Department)

FR: _____
(Divisional Dean or Department/Program Service Center)

The (division/department) utilizes docents/volunteers in order to further enhance the vital link between the UCSC campus and the Santa Cruz community. We rely on individuals, such as you, to enhance our programmatic efforts. I want to thank you for your participation which ensures the continuity of our programs and helps us to continue to meet the challenges within the academic community.

Staff volunteers must complete this form and the office of Risk Services' *Volunteer Election of Worker's Compensation Coverage form* (<http://risk.ucsc.edu/forms/VolunteerWCElect.pdf>) and return both to their department supervisor prior to performing any volunteer activity. In the event that an accident or injury occurs while providing volunteer services, immediately report this to your supervisor and to the Office of Risk Services.

In the event of an injury which requires medical care, volunteers are authorized to be treated at:

- Santa Cruz Occupational Medical Center, 610 Frederick Street, Santa Cruz at (831) 576-3000 (weekdays 8:30-5:30 PM)
- After normal work hours, Dominican Hospital Emergency Room, 1555 Soquel Drive, Santa Cruz

Please sign and date the lower portion of this form and the attached Election of Worker's Compensation Coverage indicating that you have read and understand your responsibilities as a volunteer. As a member of the campus community, you are expected to comply with all policies, procedures and health and safety regulations that the campus enforces. At the discretion of the University, the services of a volunteer may be terminated at any time. Again, your contribution is sincerely appreciated.

Volunteer's Name (please print) _____

Address _____

Home Phone Number _____ Daytime Phone Number _____

Volunteer appointment begins on _____ and ends _____
(mo/day/yr) (mo/day/yr)*

In the event of an emergency, notify (include name, number and relationship):

Volunteer's Signature _____

Supervisor's Signature _____
(Date)

Division/Department _____
(Date)

* End date cannot be indefinite.

Distribution: Original: Volunteer's Department - Retain for 3 years following termination of volunteer services
One Copy to Volunteer & One Copy to *Office of Risk Services*

This form is available on the web at: <http://shr.ucsc.edu/forms/forms/shr-1660.pdf>