

# Volunteer Agreement Letter & Worker's Compensation Election Form

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 yourself, 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 (attached) Election of Worker's Compensation Coverage form 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 to the supervisor and complete the required Workers' Compensation Claim forms within 24 hours of the injury. In the event of an injury which requires medical care, volunteers are authorized to seek medical care as follows:

- Cowell Student Health Center (Weekdays 8:30 - 4:30)
- Dominican Occupational Health Center, 610 Frederick Street, Santa Cruz (Weekdays 8:00 - 4:30)
- 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.

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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:** Service Center;  
**Copy:** Volunteer, Supervisor

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

**UNIVERSITY OF CALIFORNIA, SANTA CRUZ - UCSC**  
**VOLUNTEER ELECTION OF WORKERS' COMPENSATION COVERAGE**  
(For use by persons not employed by UCSC who are providing volunteer services for UCSC benefit)

NAME OF VOLUNTEER: \_\_\_\_\_ SOCIAL SECURITY NO: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_ SEX: M \_\_\_\_ F \_\_\_\_ HOME PHONE: (    ) \_\_\_\_ - \_\_\_\_\_  
HOME ADDRESS: \_\_\_\_\_  
UCSC DEPARTMENT FOR WHICH VOLUNTEER SERVICES WILL BE PROVIDED: \_\_\_\_\_  
START DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_  
NAME OF UCSC EMPLOYEE SUPERVISING VOLUNTEER: \_\_\_\_\_ CAMPUS PHONE: \_\_\_\_\_

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**ELECTION OF REMEDY**

As a condition of my participation in UCSC volunteer service and in consideration for my use of UCSC facilities and equipment, I, the above named volunteer, hereby understand and agree that in the event I am injured or contract an illness or disease either during my UCSC volunteer service, or subsequent thereto as a result of such service, that I am hereby electing to be covered under the University of California's Self Insured Workers' Compensation Program as a volunteer for the University of California, Santa Cruz Campus, and that the benefits provided by the Labor code of the State of California shall be my **SOLE AND EXCLUSIVE REMEDY FOR ANY AND ALL SUCH INJURIES, ILLNESSES OR DISEASES**. This election of remedy shall be binding on myself, my heirs, administrators, executor and assigns.

**WAIVER, RELEASE & INDEMNITY**

In consideration of my use of UCSC facilities and equipment and of my coverage under the University's Self Insured Workers' Compensation Program, I, the above named Volunteer, hereby for myself, my heirs, executors, administrators, and assigns voluntarily release, forever discharge, waive, and relinquish any and all actions, claims, or causes of action for bodily injury, personal injury, property damage, or wrongful death occurring or arising out of the course and scope of my volunteer service against The Regents of the University of California, its officers, agents, volunteers, and/or employees (herein after referred to as the University), whether the same shall arise by contract, the negligence of any of said persons, or otherwise. **IT IS MY INTENTION BY THIS INSTRUMENT TO EXEMPT AND RELIEVE THE UNIVERSITY FROM ANY AND ALL LIABILITY TO ME, MY HEIRS, ADMINISTRATORS, EXECUTORS AND ASSIGNS FOR BODILY INJURY, PROPERTY DAMAGE, AND WRONGFUL DEATH CAUSED BY NEGLIGENCE.**

I, the above named Volunteer, for myself, my heirs, administrators, executors, and assigns do hereby agree, in the event any claim for bodily injury, property damage, or wrongful death arising out of my volunteer services shall be prosecuted against the University, to defend, indemnify, and hold harmless the University from and against any and all such claims or causes of action by whomever or wherever made or presented, except for such claims as may arise from or be caused by the willful misconduct of the University.

**I, the above named Volunteer, hereby expressly waive all rights under Section 1542 of the *Civil Code of California* which states that a "general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him must have materially affected his settlement with the debtor."**

**REPORTING OF INJURIES/ILLNESSES AND MEDICAL TREATMENT**

I hereby agree to report all injuries or illnesses contracted in the scope of my UCSC volunteer service to the UCSC Department in which I am providing volunteer service and to the Office of Risk and Insurance Management (408-459-2850, fax 408-459-3268), 1156 High Street - H Barn, Santa Cruz, CA 95064 immediately. Volunteers injured on the campus are only authorized to be treated at (1) Cowell Student Health Center (weekdays 8:30 - 4:30), (2) Dominican Occupational Health Center, 610 Frederick St., Santa Cruz (408) 457-7118 (weekdays 8:00 to 4:30) or (3) Dominican Hospital Emergency Room (after hours).

**I, the above named volunteer, have read and understand the above "election of remedy," the "waiver, release and indemnity," and the waiver of Civil Code Section 1542 rights, and agree to all of them.**

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

Signature of University Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

**Distribution: Original:** Volunteer's Department (Retain for 18 months following termination of volunteer services);  
**Copies:** (1) Volunteer, (2) Insurance and Risk Management

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