



# Volunteer Agreement Letter

To: \_\_\_\_\_ Docents and Volunteers  
(Name of Division or Department)

From: \_\_\_\_\_  
(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 Waiver and Election of Workers' 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 this to your supervisor and to the Office of Risk Services.

Volunteers injured on the campus are authorized to be treated at:

- the [Designated Medical Treatment Providers](#) or
- Dominican Hospital Emergency Room, 1555 Soquel Drive, Santa Cruz.

Please sign and date the lower portion of this form and the attached Volunteer Waiver and Election of Workers' 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 Information

Volunteer's Name (*please print*): \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Daytime Phone Number: \_\_\_\_\_

Volunteer appointment begins on \_\_\_\_\_ and ends on \_\_\_\_\_  
(month/day/year) (month/day/year) (cannot be indefinite)

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

Will the volunteer work with minors?  Yes  No

If yes, please complete Statement Acknowledging Requirement to Report Child Abuse Form, located on page 1 of the [CANRA packet](#).

Volunteer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Division/Department: \_\_\_\_\_ Date: \_\_\_\_\_

### Distribution:

- **Original:** Volunteer's Department - Retain for 3 years following termination of volunteer services
- **Copy:** 1 copy to volunteer

This [Volunteer Agreement Letter](#) is available on our Staff Human Resources Website