Department of Athletics and Recreation
VOLUNTEER AGREEMENT LETTER

TO: Volunteers
FROM: Director of Athletics and Recreation

Volunteers are utilized to further enhance the vital link between the UC Santa Cruz campus and the broader community. We rely on volunteers to enhance our programmatic efforts. I want to thank you for your participation which helps us to provide oversight and instruction as well as helping to meet the challenges of our financial needs.

All volunteers must complete this form, the **Volunteer Election of Workers' Compensation Coverage form and the CANRA form**. Please return both of these to your 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 at (831) 459-2850. In the event of an injury which requires medical care, volunteers are authorized to be treated at:

- Santa Cruz County: Santa Cruz Occupational Medical Center (SCOMC), 3601 Caldwell Drive, Soquel, CA 95073 (831) 576-3000 (Monday - Friday: 8:30 am - 5:30 pm)
- Dominican Hospital 1555 Soquel Drive, Santa Cruz, 95065 (831) 462-7710 (For Emergencies, Nights, Holidays, and Weekends),
- Kaiser-Santa Clara-Department of Occupational Health, 10050 North Wolf Road, Sutie SW1-190 Cupertino, CA 95014 (408)236-6160 (Monday - Friday: 8:00 am - 5:00 pm)

Please sign and date the lower portion of this form and the Election of Workers' Compensation Coverage indicating that you have read and understand your responsibilities as a volunteer. As a member of the campus community while volunteering, you are expected to comply with all policies, procedures, and health and safety regulations. Also, acknowledge there is no compensation associated with volunteer positions. At the discretion of the University, the services of a volunteer may be terminated at any time. Again, your participation is sincerely appreciated.

Volunteer Name (please print clearly) Date of Birth

_____

UCSC Affiliation: ❑Student ❑Staff ❑Faculty ❑Community

Mailing Address _____
Street *City* *State* *Zip*

Cell Phone_____Other Phone _____

E-mail (Must use UCSC email if you have one) _____

Volunteer appointment begins_____and ends _____
mo/day/year ***cannot exceed 6/30 of academic year***

In case of an emergency notify:

Emergency Contact Name _____

Phone_____Relationship _____

Volunteer Signature_____Date: _____

Supervisor Signature_____Date: _____

FOR OFFICE USE ONLY
Distribution: Original is retained in ATH-REC Business Office for 3 years following end of volunteer services; One copy to the Volunteer; One Copy to Office of Risk Services (date sent_____). Updated 9/23/2019