

STAFF VOLUNTEER AGREEMENT LETTER

TO: Natural Sciences Docents and Volunteers

FROM: David S. Kliger, Dean of Natural Sciences

The Division of Natural Sciences utilizes docents and volunteers 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 Election of Workers' Compensation Coverage form and return the completed forms 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:

Weekdays 8:30am to 4:30pm) : Cowell Student Health Center
After normal work hours, and on weekends: Dominican Hospital Emergency Room, 1555 Soquel Drive, Santa Cruz.
Emergencies - Call 911

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, 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 _____
Street City State Zip code

Home Phone Number(____) _____ Daytime Phone Number (____) _____

Volunteer appointment begins _____ and ends _____
(mo/day/yr) cannot be blank or indefinite (mo/day/yr)

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

Volunteer's Signature _____ Date _____

Supervisor's Name _____ Dept. _____ Extension _____

Supervisor's Signature _____ Date _____

Note to supervisors: Please return original volunteer letter and the Election of Workers' Compensation Coverage to the Natural Sciences Business Office. Retain copies of both for your file, and provide the volunteer with a copy of each as well.

PLEASE ALSO COMPLETE ELECTION OF WORKERS' COMP. COVERAGE