



## Volunteer Agreement

Please complete and forward to the Human Resources Department BEFORE the volunteer begins work.

To: Human Resources Department

Date: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Dept: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

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Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_

Name of Volunteer: \_\_\_\_\_

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

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

By signing below you are agreeing to volunteer at the Santa Rosa Junior College. You understand that Santa Rosa Junior College will provide workers' compensation insurance for your volunteer activities. Therefore, you will assume liability for any loss, damage, injury, and/or all claims of action incurred by you during such activity in which you assist, except for those covered by workers' compensation.

If you are injured while assisting the college, BOTH the volunteer and the supervisor must report the injury to Human Resources within **24 HOURS**. Call the HR Analyst at (707) 524-1624.

\_\_\_\_\_  
Volunteer's Signature

\_\_\_\_\_  
Date