



Print Form

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## Volunteer Agreement

Please complete and forward to Human Resources or email to Bridget C. Hodenfield in Human Resources at bhodenfield@santarosa.edu **BEFORE** the volunteer begins work.

To: Human Resources

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

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

Department: \_\_\_\_\_

*By signing below, I acknowledge and agree that I will not inquire about or disclose a student's citizenship or immigration status, and that I will treat all volunteers equitably and in accordance with applicable policies*

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

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

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

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

Email: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

By signing below you, are agreeing to volunteer at Santa Rosa Junior College and, if you are under 18, by your parent or guardian also signing below, they are agreeing that you will be a volunteer at Santa Rosa Junior College. You and your parent or guardian understand that Santa Rosa Junior College will provide workers' compensation insurance for your volunteer activities. Therefore, your parent or guardian 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 or parent or guardian and the volunteer supervisor must report the injury to Human Resources/Employee Health & Safety within 24 HOURS. Call Employee Health & Safety at (707) 527-4803 or email ehsweb@santarosa.edu.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Date