



Print Form

Reset Form

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: _____

Supervisor Signature: _____

Start Date: _____ End Date: _____

Name of Volunteer: _____

Email: _____

Address: _____

Phone Number: _____

By signing below you are agreeing to volunteer at 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/Employee Health & Safety within **24 HOURS**. Call Employee Health & Safety at (707) 527-4803 or email ehsweb@santarosa.edu.

Volunteer's Signature

Date