Print Form

Reset Form

SANTA ROSA JUNIOR COLLEGE

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: _____

Start Date: _____ **End Date**: _____

Name of Volunteer: _____

Email:

_____

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 Environmental Health & Safety at (707) 527-4803 or email ehsweb@santarosa.edu.

_____ _____

Volunteer's Signature Date