

Workers' Compensation Program Volunteer Registration Form

Complete this form to document each departmental volunteer.
If you have any questions, please contact Be Well at Work-
Disability Management (643-7921)

Definition of "Volunteer" for Workers' Compensation Coverage

For the purpose of Workers' Compensation coverage, a volunteer is defined as a person rendering services to the University where:

1. The University has control and direct supervisory responsibility over the manner and results of the services rendered; and
2. The volunteer receives no remuneration for such services other than meals, transportation, lodging, or reimbursement for incidental expenses, if appropriate.

The following categories do **NOT** fall within the "volunteer" definition; therefore, would not be covered by the University's Workers' Compensation program:

1. The service provided is in pursuit of the individual's personal education goals or to earn educational credit.
2. The individual receives remuneration for services rendered from a non-UC payroll (e.g., visitors or guests on per diem or travel allowance or academic or research visitors receiving support from home institutions or governments).
3. The individual is sponsored by an outside agency and provides service to the University through that sponsoring agency (e.g., Red Cross volunteers, United Way volunteers).
4. The individual is an off-campus volunteer who is sponsored or referred by the University but is not under the direct supervision and control of the University (e.g., student internships or student teachers with external agencies where the University has no direct supervision or control).
5. Guests of the University (e.g., casual visitors, computer users who are employees of an organization that has a contractual agreement to use computer facilities, retired employees who desire occasional access to campus/lab/recreational facilities).

☐ Supervisor has reviewed the above "volunteer" definition and confirms that this appointment meets these requirements: _____ (initials)

DEPARTMENT INFORMATION

Department Name:

Supervisor Name:

Supervisor Email:

Supervisor Phone:

Work Location:

Volunteer Period of Service:

Start Date:

End Date:

Work Schedule:

Brief Description of Duties:

Completed By:

Signature:

Date Completed:

VOLUNTEER INFORMATION

Volunteer Name:

Volunteer Email:

Volunteer Phone:

Volunteer Address:

Student Status:

☐ Undergraduate

☐ Graduate

☐ Not Applicable

If Student, name of institution:

Is Volunteer work related to course work? ☐ Yes ☐ No

Volunteer Statement:

I understand that the above-described volunteer service will be uncompensated (except for per diem, when applicable). I understand that either I or the University may terminate this relationship at any time without notice. I agree to abide by all rules and regulations of the University. I understand that I am not an employee of the University. Completion of this form does not guarantee coverage under the University's Workers' Compensation Program.

Volunteer Signature:

Date Signed:

Distribution:

1. Please retain original signed form in department files.
2. Copy to volunteer.
3. If an incident occurs, department will be asked to provide a copy of this form.