|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| DEPARTMENT INFORMATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Department/Unit:** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *SUPERVISOR INFORMATION* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name:** |  | | | | | | | | | | | | | **Employee ID:** | | | |  | | | | **Position Number:** | | | | | |  | | | |
| **Email:** |  | | | | | | | | | | | | | | | | | | | | | **Phone Number:** | | |  | | | | | | |
| *VOLUNTEER APPOINTMENT DETAILS* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Start Date:** | | January 01, 2020 | | | | | | | | | | | | | **End Date:** | | December 31, 2020 | | | | | | | | | | | | | | |
| **Work Location:** Building/Floor/Room # | | | | | | | | | | | | | | | **Work Schedule:** | | | | | |  | | | | | | | | | | |
| **Brief Description of Duties:** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| VOLUNTEER INFORMATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name:** |  | | | | | | | | | | **Email:** |  | | | | | | | | | | | **Phone Number:** | | | | | | |  | |
| **Home Address:** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Student Status:** | | | |  | | | | | **Is Volunteer work related to course work:** | | | | | | | | | |  | | | | **Student ID:** | | | |  | | | | |
| **Institution:** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Is Volunteer 18 years of age or older?:** | | | | | | | | | |  | | |  | | | | | | | | | | | | | | | | | | |
| **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:** | | | | |  | | |
| NOTES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| APPROVALS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Attach email approval if needed in lieu of signature approval below. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Preparer *(if applicable)*:** | | | | | |  | | | | | | | | | | **Signature:** | | | |  | | | | | | **Date:** | | | | |  |
| Supervisor signature below confirms that the Supervisor has had an opportunity to review the “volunteer” definition, on page two, and confirms that this appointment meets these requirements. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Supervisor Name:** | | | | | |  | | | | | | | | | | **Signature:** | | | |  | | | | | | **Date:** | | | | |  |

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.

Please submit completed form (& attachments, if applicable) in ServiceNow: <http://berkeley.service-now.com/ess/hr_catalog.do>

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).

***If Volunteer is under the age of 18, keep in mind the following additional documentation will be needed for eligibility of Volunteership (for additional information about best practices for activities involving minors please*** [click here](https://riskservices.berkeley.edu/best-practices-activities-involving-minors)***):***

Minors in Laboratories and Shops Waiver Forms (begins on page 9 – [click here](https://policy.ucop.edu/doc/3500602/MinorsLabsShops)):

* Release of Liability, Waiver of Claims, Express Assumption of Risks, and Hold Harmless Agreement (*signed by parent/guardian*)
* Potential Hazard Information Sheet (*signed by parent/guardian*)
* Rules for Minors in Laboratories and Shops (*signed by parent/guardian*)
* Minors Research Proposal Registration Form (*signed by PI/Dept.*)

Elective/Voluntary Activities Waiver Form (*signed by parent/guardian* – [click here](https://riskservices.berkeley.edu/sites/default/files/WaiverElectiveVoluntary%20%28fillable%29.pdf))

Authorization to Consent to Treatment of Minors Form (*signed by parent/guardian* – [click here](https://riskservices.berkeley.edu/sites/default/files/authorizationconsenttreatmentminor.pdf))

Campus Policy on Activities Involving Minors (*signed by PI/Dept.* –begins on page 16 – [click here](https://campuspol.berkeley.edu/policies/minors.pdf?Refresh=0.219148618034))