Berkeley Regional Services -



Complete this form to request a volunteer

	DEPARTMEN	T INFORMATION		
Department/Unit:				
	SUPERVISO	R INFORMATION		
Name: Employee ID: Pos			Posi	tion Number:
Email:	·		Pho	ne Number:
	VOLUNTEER APP	POINTMENT DETAILS		· · · · · · · · · · · · · · · · · · ·
Start Date: End Date:				
Work Location: Work Schedule:				
Brief Description of Duties:				
	VOLUNTEER			
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 old	der?:			
Volunteer Statement: I understan when applicable). I understand the to abide by all rules and regulation this form does not guarantee cove	at either I or the University r 1s of the University. I unders	nay terminate this rel stand that I am not an	ationship at employee o	any time without notice. I agree f the University. Completion of
				Date:
	N	OTES		
	APP	ROVALS		
Atta	ach email approval if needed	l in lieu of signature a	pproval belo	W.
Preparer <i>(if applicable)</i> :	ole): Signature:			Date:
Supervisor signature below confi two	rms that the Supervisor has , and confirms that this appo			• • -
Supervisor Name:	Signature:			Date:
Distribution	ed 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: https://berkeley.service-now.com/ess/hr_catalog.do



Berkeley Regional Services



WORKERS' COMPENSATION PROGRAM VOLUNTEER REGISTRATION FORM

Complete this form to request a volunteer

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 <u>NOT</u> 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 <u>click here</u>):

Minors in Laboratories and Shops Waiver Forms (begins on page 9 – <u>click here</u>):

- 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* <u>click here</u>)
- Authorization to Consent to Treatment of Minors Form (*signed by parent/guardian* <u>click here</u>)
- Campus Policy on Activities Involving Minors (*signed by PI/Dept.* begins on page 16 <u>click here</u>)