



Acknowledgement of Voluntary Work

(A separate authorization is required each semester)

For _____ Semester 20____

Date/s Volunteered _____

Print Full Name: _____

Social Security Number or Employee Number: _____

Home Address: _____

Email Address _____

Telephone Number: Days _____ Evenings _____

I, _____, willingly volunteer my services to the Redwoods Community College District in the way of time and labor in assisting the _____ department in whatever way is deemed reasonable and advisable.

This is to advise you that College of the Redwoods has adopted a Board Resolution to cover authorized volunteers for the purpose of workers' compensation insurance. Workers' compensation benefits will be provided in accordance with the California Labor Code for any injury or illness sustained while engaged in volunteer services to the College.

I fully accept and understand that while performing such service, I shall operate under the supervision of _____, during the _____ semester 20_____.

Signature: _____ Date: _____

Supervisor's Signature _____

Approved by Department/Division Administrator: _____

Approved by Vice President: _____ Date: _____

Action by Board of Trustees: Approved: _____ Denied: _____ Date: _____