

OPERS STAFF VOLUNTEER AGREEMENT LETTER

(July 1, 2018 - June 30, 2019)

TO: All OPERS Volunteers

FROM: Executive Director, Office of Physical Education, Recreation & Sports (OPERS)

The Office of Physical Education, Recreation and Sports (OPERS) utilizes docents and volunteers to further enhance the vital link between the UCSC campus and the Santa Cruz Community. We rely on individuals, such as you, to enhance our programmatic efforts. I want to thank you for your participation, which ensures the continuity of our programs and helps us to continue to meet the challenges within the academic community.

Staff volunteers must complete this form, which can be found at <http://opers.ucsc.edu/staff-toolbox/Volunteers.html>, and the office of Risk Services' **Volunteer Election of Workers' Compensation Coverage form** ([http:// risk.ucsc.edu/all-forms/wc-volunteer-election-form.pdf](http://risk.ucsc.edu/all-forms/wc-volunteer-election-form.pdf)) and return both to their department supervisor prior to performing any volunteer activity. In the event that an accident or injury occurs while providing volunteer services, immediately report this to your supervisor and to the Office of Risk Services. In the event of an injury which requires medical care, volunteers are authorized to be treated at:

- Santa Cruz County: Doctors on Duty, 615 Ocean St. Santa Cruz, CA 831-425-7991 (weekdays 8:00 to 5:00 pm, and Saturday-Sunday 8:30-3:00 pm)
- After normal work hours, Dominican Hospital Emergency Room, 1555 Soquel Drive, Santa Cruz, 831-462-7710 (nights, holidays, and weekends)

Please sign and date the lower portion of this form and the Election of Workers' Compensation Coverage indicating that you have read and understand your responsibilities as a volunteer. As a member of the campus community, you are expected to comply with all policies, procedures, and health and safety regulations that the campus enforces and acknowledge that there is no compensation associated with volunteer positions. At the discretion of the University, the services of a volunteer may be terminated at any time. Again, your contribution is sincerely appreciated.

Volunteer _____ Name _____ (print) _____

_____ UCSC Affiliation:

Student

Staff

Faculty

Community

Mailing Address _____
Street City State Zip

Home Phone _____ Daytime Phone _____

E-mail _____

Volunteer appointment begins _____ and ends _____
Mo/day/year cannot exceed 6/30 of academic year

In case of an emergency, notify :

Emergency Contact Name _____

Phone _____ Relationship _____

Volunteer Signature _____ Date: _____

Supervisor Signature _____ Date: _____

FOR OFFICE USE ONLY

OPERS Volunteer Number _____

Distribution: Original is retained in OPERS Business Office for 3 years following termination of volunteer services; One copy to Volunteer; One Copy to Office of Risk Services (date sent _____).