

VOLUNTEER CONTRACT & RELEASE OF LIABILITY

Contract must be completed before volunteer begins assignment!!

CitySERVE Volunteer Program / Volunteer Initiative Program
City of Santa Cruz *County of Santa Cruz*

Volunteer Name: _____ **Phone Number:** _____

Volunteer Supervisor: _____ **Phone Number:** _____

Department/Division: _____ **Address/Rm:** _____

Project Title: _____ **Volunteer Title:** _____

VOLUNTEER SUPERVISOR RESPONSIBILITIES

- Complete any legal requirements (background check, fingerprinting, etc.) before vol. starts
- Provide initial and ongoing training and supervision
- * Complete contract with volunteer and return to program coordinator
- *Inform the program coordinator of any injuries occurring while the vol. is on assignment
- Contact program coordinator regarding any problems during the contract period
- *Inform program coordinator if volunteer vacates position

VOLUNTEER RESPONSIBILITIES

- Log in volunteer hours on timesheets provided
- *Return volunteer timesheets to program coordinator at the end of each month
- Arrive to assignment on time; inform supervisor if you will be late or absent
- Fulfill time commitment, as listed below
- Contact program coordinator regarding any problems during the contract period
- *Inform supervisor of any injury occurring while on volunteer assignment
- *Contact program coordinator when (or before) leaving position

WORK SCHEDULE: **Start Date:** _____ **End Date:** _____

I understand that as a VIP/CitySERVE volunteer I am covered while volunteering by VIP/CitySERVE's Volunteer Insurance respectively, and am not covered under the County/City of Santa Cruz's Workman's Compensation policy. I further understand that the insurance provided by VIP/CitySERVE is excess insurance and is secondary to my existing insurance, should I have insurance. Furthermore, I understand and agree to the responsibilities expected of me while volunteering.

Volunteer Signature X _____ **Date:** _____

I understand and agree to the responsibilities expected of me as a volunteer supervisor and understand that volunteer are covered under volunteer insurance purchased by the Volunteer Center.

Volunteer Supervisor Signature X _____ **Date:** _____

VOLUNTEER IS NOT ENROLLED UNTIL THIS CONTRACT IS RECEIVED!

PLEASE RETURN TO:

VIP: 701 Ocean St. Room 30 Santa Cruz, CA 95060 **Fax:** (831) 454-2411; OR
CitySERVE: 809 Center St. Room 7 Santa Cruz, CA 95060 **Fax:** (831) 420-5041

Questions? Please contact the program coordinator, Krista Pelikan 454-2987/420-5403