

# 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*