SALINAS UNION HIGH SCHOOL DISTRICT
431 West Alisal Street
Salinas, California

VOLUNTEER WORKERS

1. Board Policy 4151.11 and Administrative Regulation 4151.11 provide that under certain circumstances volunteers may be provided with worker's compensation insurance coverage for injury sustained "on the job".

2. Such insurance coverage is subject to the volunteer's acceptance by the school principal, application completion, and approval by the Director of Personnel.

3. A job description outlining the duties for which you have volunteered is attached and made a part of this document.

APPLICATION

4. I hereby volunteer my services as a volunteer worker at _____ as a
School/Division

_____.
Job Title

5. I understand that should I accept this assignment:

   a. I have the same duty to the school as a paid employee of the school working under the supervision of the principal.

   b. If I willingly neglect or ignore the advice or direction of the certificated personnel, or if I discharge duties beyond the described responsibility without the knowledge or permission of the certificated personnel in charge, I may be personally liable for any damages or injury resulting from that commission or omission.

6. _____ _____
Signature of Volunteer Applicant | Address

_____ _____
Date of Signature | Telephone Number

7. This volunteer is accepted.

_____ _____
Signature of School Principal or Designee | School

_____
Date of Signature

8. This volunteer is accepted.

_____ _____
Signature of Director of Personnel | Date of Signature

Distribution:
White - Director of Personnel
Canary - School Principal
Pink - Volunteer

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