

University of California, Berkeley

**WORKERS' COMPENSATION PROGRAM**

**VOLUNTEER REGISTRATION FORM**

This section to be completed by the supervisor or research director:

Department:

Supervisor:

Work Location:

Work Phone:

Period of Service:

Work Schedule:

Brief Description of Duties:

*State Oath of Allegiance, Patent Policy, and Patent Acknowledgement (UPAY 585) must also be completed.*

Date Signed:

Signature of Department Head or Designee:

Title:

*This section to be completed by the volunteer:*

Name:

Address:

Phone #:

Student Status: Undergraduate  Graduate

If a student, name of school:

If volunteer work related to course work: Yes  No

Volunteer Statement:

*I understand that the above-described volunteer service will be uncompensated (except for per diem, where applicable) I understand that either I or the University may terminate this relationship at any time without notice. I agree to abide by all rules and regulations of the University.*

Volunteer's Signature \_\_\_\_\_

Date: