

Workers' Compensation Coverage for Volunteers

Complete the Workers' Compensation Program Registration Form for Volunteers (next page) to document each of your department's volunteers. Workers' Compensation coverage is provided to volunteers as defined below. If a work-related injury or illness occurs, this form will be used to assist in determining appropriate coverage. Questions regarding volunteer coverage should be directed to Disability Management Services at 643-7921.

Department Instructions

1. Complete the Workers' Compensation Program Volunteer Registration Form.
 2. The supervisor or department representative is responsible for ensuring all sections of the form are complete and accurate.
 3. Ensure the volunteer meets the criteria for coverage outlined below.
 4. Retain original signed form in department files.
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Definition of "Volunteer" for Workers' Compensation Coverage

For the purpose of Workers' Compensation coverage, a volunteer is defined as a person rendering services to the University where:

1. The University has control and direct supervisory responsibility over the manner and results of the services rendered; and
2. The volunteer receives no remuneration for such services other than meals, transportation, lodging, or reimbursement for incidental expenses, if appropriate.

The following categories do NOT fall within the "volunteer" definition; therefore, would not be covered by the University's Workers' Compensation program:

1. The service provided is solely in pursuit of the individual's personal education goals.
2. The individual receives remuneration for services rendered from a non-UC payroll (e.g., visitors or guests on per diem or travel allowance or academic or research visitors receiving support from home institutions or governments).
3. The individual is sponsored by an outside agency and provides service to the University through that sponsoring agency (e.g., Red Cross volunteers, United Way volunteers).
4. The individual is an off-campus volunteer who is sponsored or referred by the University but is not under the direct supervision and control of the University (e.g., student internships or student teachers with external agencies where the University has no direct supervision or control).
5. Guests of the University (e.g., casual visitors, computer users who are employees of an organization that has a contractual agreement to use computer facilities, retired employees who desire occasional access to campus/lab/recreational facilities).

University of California, Berkeley

Workers' Compensation Program Registration Form for Volunteers

Complete this form to document each departmental volunteer.
If you have any questions, please contact Disability Management Services (643-7921)

Department Information		
Department Name:		
Supervisor Name	Supervisor Email:	Supervisor Phone:
Work Location:		
Period of Service:		
Work Schedule:		
Brief description of duties:		
Form Completed by:		Date Completed:

Volunteer Information	
Volunteer Name:	
Volunteer Address:	Volunteer Phone:
Student Status: <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Not Applicable	
If Student, name of school:	Is volunteer work related to course work? <input type="checkbox"/> Yes <input type="checkbox"/> No
Volunteer Statement: <i>I understand that the above-described volunteer service will be uncompensated (except for per diem, when 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. I understand that I am not an employee of the University.</i>	
Volunteer Signature: _____	Date: _____

Please retain original signed form in department files.
If an incident occurs, department may be asked to provide a copy.