

Section A To be Completed by Volunteer

Volunteer Name _____ Contact Phone _____
Volunteer Address _____ Date of Birth _____
Email Address _____ Volunteer Program _____

In Case of Emergency Contact _____
Name Relationship to Volunteer
Day Phone _____ **Evening Phone** _____

Are you over the age of 18? Yes No Are you in the United States on a visa? Yes No

UC Student Status: Graduate Undergraduate Not Applicable

Volunteer Signature: _____ **Date:** _____

If Volunteer is under 18 years of age, his/her parent/guardian must sign in the space below.

Parent/Guardian statement: As the parent/guardian I grant permission for the above minor to volunteer.

Parent/Guardian Signature: _____ **Date:** _____

Section B To be Completed by Supervisor

UC ANR Location (UCCE office, REC, etc.): _____

Duration of Volunteer Activity: Begin Date _____ End Date: _____

Number of Hours Per Week: _____ Location of Volunteer Activity: _____

Criminal History Check required: Yes No (If working with youth, fingerprinting is mandatory)

Description of Volunteer Duties:

Required Training:

Protective Equipment:

Supervisor Name: _____ **Email:** _____

Supervisor Signature: _____ **Date:** _____

The Volunteer Information form is attached and made a part of this Waiver.

- 1) I acknowledge that I am voluntarily donating my services to the University of California Agriculture & Natural Resources (UC ANR) _____ (*Program Name*). I understand and agree that I am a volunteer and that I am not an employee of UC ANR. I further understand and agree that I have no expectation of any compensation, pay, fee, or benefits for my services. I acknowledge and agree that my volunteer services do not constitute a guarantee or promise of future employment and do not entitle me to greater consideration for any future employment opportunities. I further acknowledge and agree that my volunteer service, and any rights and privileges associated therewith may be terminated at any time by the University without cause or notice.
- 2) I understand that as a university volunteer, UC ANR does not provide me Workers' Compensation coverage nor am I entitled to employee benefits or unemployment benefits as a result of my university volunteer affiliation.
- 3) **WAIVER OF LIABILITY:** UC ANR agrees to provide me with third party liability insurance to protect me from any claims filed against me arising out of the duties described in the attached description of volunteer duties ("Duties"). In exchange, I, for myself, my heirs, personal representatives or assigns, **do hereby release, waive, discharge, and covenant not to sue** The Regents of the University of California, its officers, employees, agents and volunteers from liability **from any and all claims including the negligence of The Regents of the University of California, its officers, employees, agents and volunteers** resulting in personal injury, accidents or illnesses (including death), and property loss in any way connected to my Duties.
- 4) **Indemnification and Hold Harmless:** I also agree to INDEMNIFY AND HOLD The Regents of the University of California HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees in any way connected to my Duties and to reimburse them for any such expenses incurred.

The undersigned expressly agrees that the foregoing Waiver of Liability and Indemnification agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

- 5) I have read and understand the terms and conditions of this Waiver of Liability and Indemnity Agreement and am signing this of my own free will. **I understand that I am giving up substantial rights, including my right to sue. I intend by my signature to be a complete and unconditional release of all liability** to the greatest extent allowed by law.

Name of Volunteer: _____ Age (if under 18): _____

Signature of Volunteer: _____ Date: _____

If Volunteer is under the age of 18, his/her parent/guardian must sign in the place indicated below.

I have read this Acknowledgement form and discussed with my child/ward. I acknowledge and agree with the statements that are included in the Acknowledgement form.

Print Name of Parent/Guardian: _____

Signature: _____ Date: _____