

LOS RIOS COMMUNITY COLLEGE DISTRICT

VOLUNTEER RELEASE FORM

I understand that while volunteering my services as _____(Function) in the _____Department, I will not receive any compensation, and I will not be covered by the Los Rios Community College District (LRCCD) Worker's Compensation Insurance. I hereby represent that I am covered by a policy of automobile insurance, which is required by LRCCD in the event that I provide transportation. I am aware that my volunteer work for the Los Rios Community College District (DISTRICT) can involve **MANY RISKS OR INJURY** including, but not limited to, property damage, bodily injury, personal injury, and death. In consideration of the DISTRICT permitting me to volunteer, I hereby voluntarily assume all risks associated with my participation and release the DISTRICT, its employees and volunteers, its colleges, campuses and centers, its governing board and the individual members thereof, and all other DISTRICT officers, agents and employees from all liability for injuries (including death) and damages arising out of or in any way related to my volunteer work.

Anticipated Dates of Service: **Start:** _____ 20__ **End:** _____ 20__

Please list services: _____

Signature Date: _____

Print Name *If participant is under 18, parent or guardian must sign.*

Address Parent or Guardian _____

Telephone

OFFICE USE ONLY

Will the Volunteer be driving District vehicles? Yes___ No___
(If "Yes" the Volunteer must be an authorized driver – see District Regulation 8343, Section 3.0)

Volunteer's Supervisor: _____ Date: _____

Dean's signature: _____ Date: _____

Department: _____ College: _____

VPA signature: _____ Date: _____

To be kept for two years upon completion of the voluntary service