



UCSB Workers' Compensation Coverage Group Volunteer Information

Workers' Compensation coverage is provided to volunteers as defined below. If a work-related injury or illness occurs, this information will be used to assist in determining appropriate coverage. Completion of this form does not guarantee coverage under the University's Workers' Compensation program. Direct any questions concerning this coverage to the Workers' Compensation Manager at 805-893-4169, or email to: mari.tyrrell-simpson@ucsb.edu.

Department Processing Instructions

1. Complete the Group Volunteer Registration Form (modifiable PDF on next 2 pages) to document your department's volunteers. Please type or print clearly.
2. The supervisor or department representative is responsible for ensuring all sections of the Volunteer Registration Form are accurate and complete. Incomplete forms will be returned for further information.
3. Ensure the volunteers meet the criteria for coverage outlined below.
4. Send copy to Workers' Compensation, Mail Code 5132, or fax to 805-893-8521, or email to monica.dussert@ucsb.edu and retain original in department files.
5. Volunteers may also need to complete a UC Waiver of Liability, depending on nature of duties. For further information go to <http://www.riskmanagement.ucsb.edu/> or contact Risk Management at 805-893-2860.

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 result 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:

1. Individuals whose service is provided in pursuit of personal educational goals or to earn educational credit;
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;
3. The individual is sponsored by an outside agency and provides service to the University through that sponsoring agency, e.g., Red Cross volunteers or 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, Student Teachers, etc.
5. Guests of the University such as: casual visitors; computer users who are employees of an organization which has a formal contractual agreement to use computer facilities; or retired employees who desire occasional access to campus/laboratory/recreational facilities.



UCSB Workers' Compensation Group Volunteer Registration Form

1. Please complete the following information regarding your volunteers. If you have any questions, please call Workers' Compensation 805-893-3145. **Completion of this form does not guarantee coverage under the University's Workers' Compensation program.**
2. Submit completed form to the Workers' Compensation Office. Email to: monica.dussert@ucsb.edu, fax to 805-893-8521, or use campus mail code 5132 and retain original for your department files.

DEPARTMENT INFORMATION	
Department:	Department Phone:
Department Contact:	Department Contact Email:
Event Supervisor:	
Name of Event:	
Volunteer Work Location:	
Brief Description of Volunteer Activity:	
Is this a one-time event?: <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", date of event: _____	
If "No", Period of Service*: Begin Date: _____ End Date: _____ <i>*Not to exceed one year Required Required</i>	
Form Completed By:	Date Completed:

GROUP VOLUNTEER INFORMATION (SEE NEXT PAGE FOR LIST OF INDIVIDUAL VOLUNTEER NAMES)

Department verifies that Volunteers have been informed of the following:

Volunteer service will be uncompensated (except for per diem, where applicable), and volunteer understands that they or the University may terminate this relationship at any time without notice. Volunteer agrees to abide by all rules and regulations of the University, and understands that they are not an employee of the University. Completion of this form does not guarantee coverage under the University's Workers' Compensation program.

PLEASE TYPE, PRINT CLEARLY, OR ATTACH A PRINTED LIST

<i>GROUP VOLUNTEER INFORMATION LIST OF INDIVIDUAL VOLUNTEERS</i>	
<i>NAME</i>	<i>PHONE</i>
1.	
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Attach additional sheet for more names.