

VOLUNTEER INFORMATION

PLEASE COMPLETE THE FOLLOWING INFORMATION REGARDING YOUR VOLUNTEER. IF YOU HAVE ANY QUESTIONS, PLEASE CALL WORKERS' COMPENSATION 530-752-7243.

DEPARTMENT:	Phone: ()
Name of Volunteer:	
Social Security Number or other ID Number:	
Pursuant to the Federal Privacy Act of 1974, you are hereby notified that disclosure of your social security number is voluntary. This record keeping system was established pursuant to the authority of The Regents of the University of California under Art. IX, Sec. 9 of the California Constitution. The social security number is used to verify your identity.	

Volunteer's Email: _____

<i>Local</i>	Street	
Address	City	State
	Zip	
	Phone ()	

<i>Permanent</i>	Street	
Address	City	State
	Zip	

Emergency Contact Name/Phone: _____

Brief Description of Volunteer Activity

Is Volunteer receiving salary from any outside institution or foreign country? (Y/N)
If "Y" please provide name of source:

To be completed by the PI

LAB:	
Beginning Date of Volunteer Activity:	Ending Date:
Department Contact/Phone:	
*PI shall provide and document all necessary safety training and personal protective equipment needed by the volunteer to safely perform the volunteer service.	
*Lab key to be issued?: (Y/N) ____ If 'Y,' Building/Room #: _____	
*PI's Signature: _____	

This completed form to be retained in our department files. Workers' Compensation will request a copy should an injury or illness be reported.