

APPENDIX H
CASTRO VALLEY SANITARY DISTRICT
AGREEMENT WITH GROUP VOLUNTEERS

The undersigned is a Volunteer Employee of the CASTRO VALLEY SANITARY DISTRICT effective _____ through _____ according to the Policies and Procedures Manual, Policy No. 2115.

“A volunteer employee is a person in an employee status pursuant to written agreement specifying uncompensated status. A volunteer will be deemed an employee for the District for the purposes of Division 4 of the Labor Code, for any injury sustained while engaged in the performance of any service under the direction and control of the District.”

The Volunteer Employees will be doing work as described below:

LOCATION:

WORK DESCRIPTION:

The potential hazards of this work are:

The recommended personal protective equipment includes:

I understand the potential hazards of this work as they have been explained to me and am unaware of any existing medical conditions which may be adversely affected by this work.

⇒PRINT CLEARLY⇐

NAME OF VOLUNTEER	STREET, CITY AND ZIP CODE
1)	
2)	
3)	
4)	
5)	

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I have explained to the volunteers the possible hazards of this work and the need

for proper personal protective equipment. Signature of CVSD General Manager

Date Signed

I understand the potential hazards of this work as they have been explained to me and am unaware of any existing medical conditions which may be adversely affected by this work.

⇒**PRINT CLEARLY**←

NAME OF VOLUNTEER	STREET, CITY AND ZIP CODE
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