

APPENDIX I
CASTRO VALLEY SANITARY DISTRICT
AGREEMENT WITH INDIVIDUAL VOLUNTEER

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 Employee 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 Name of Volunteer

Street Address

Sign Name of Volunteer

City and Zip Code

Phone Number or E-mail address

**IN THE EVENT THAT THE VOLUNTEER APPLICANT IS UNDER THE
LEGAL AGE OF CONSENT, THIS FORM MUST BE ENDORSED BY A
PARENT OR LEGAL GUARDIAN**

Signature of Parent/Guardian

Street Address

Emergency Phone Number

City and Zip Code

I have explained to the volunteer
the possible hazards of this work and the
Manager need for proper personal protective
equipment.

Signature of CVSD General

Date Signed