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

________________________________
Sign Name of Volunteer

________________________________
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

________________________________
Emergency Phone Number

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

Signature of CVSD General Manager

Date Signed