

DATE:

TO: DESIGNATED VOLUNTEER

FROM:

RE: WORKERS' COMPENSATION COVERAGE

This is to advise you that \_\_\_\_\_  
has adopted a Board Resolution to cover authorized volunteers for the purpose of Workers'  
Compensation benefits. Workers' Compensation benefits will be provided in accordance with the  
California Labor Code for any injury or illness sustained while engaged in the services of \_\_\_\_\_  
\_\_\_\_\_.

Should you be injured while serving in this capacity, and therefore covered under our Workers'  
Compensation Self-Funded Program, we need to advise you that you would *not* be eligible to file  
any civil claim, action, or proceeding.

By signing this document, you acknowledge that Workers' Compensation benefits will be the sole  
remedy and agree to hold \_\_\_\_\_  
harmless from any civil liability.

\_\_\_\_\_  
Volunteer for: \_\_\_\_\_