UCSB Workers' Compensation
Volunteer Information

Please complete the following information regarding your volunteer employee.
If you have any questions, please call Workers' Compensation (805) 893-8050.

Department Information

Name of Department _____

Department Contact _____

Phone # or Extension _____

Email Address _____

Volunteer Information

Name _____

Local Street Address _____

City _____

State, Zip _____

Phone Number _____

Volunteer's Email _____

Please check any that apply during volunteer status:

Is Volunteer: ☐ Undergrad ☐ Grad Student ☐ Not Currently Registered ☐ A Post-Doc

Is he/she receiving any: ☐ Payment ☐ Stipend ☐ School Units ☐ None

Is Volunteer receiving salary from any outside institution or foreign country? ☐ Yes ☐ No

If "Yes", please provide the name of source: _____

Brief Description of Duties (attach additional sheet if needed)

Beginning Date of Assignment _____ Ending Date of Assignment _____

Please Describe Duties:

Signature

Supervisor's Name _____ Date _____

Supervisor's (or Department Rep's) Signature _____

Please submit this form to the Office of Business Services (mail code 2090)
and retain a copy for your department files.

Note: Volunteer may also need to complete the UC Waiver of Liabililty. See the Risk Management website at http://www.riskmanagement.ucsb.edu/ for further information, or contact Risk Management at ext. 5837.