

YOLO COUNTY OFFICE OF EDUCATION
1280 Santa Anita Court, Woodland, CA 95776-6127

AGREEMENT BETWEEN YCOE AND VOLUNTEER

Name _____ Telephone Number _____

(Street Address) (City) (Zip)

Program for which you are volunteering: _____ Teacher: _____

Days and times you volunteer: _____

Special interests, hobbies or skills you possess, including a second language: _____

I hereby volunteer to participate in the Yolo County Office of Education Special Education Program and/or Alternative Education Program. I am aware that there is no financial remuneration for this work. I further understand that it is the policy of the Yolo County Office of Education (YCOE) to provide Worker's Compensation benefits to authorized volunteers as if they were an employee of YCOE. Workers' Compensation benefits will be provided in accordance with the California Labor Code for any injury sustained while engaged in any volunteer services specifically for the Yolo County Office of Education.

Should you be injured while serving in this capacity and therefore covered under Workers' Compensation, you would not be eligible to file any civil claim, action, or proceeding.

By signing this document, you acknowledge that the Workers' Compensation benefits will be the sole remedy and agree to hold the Yolo County Office of Education harmless from any civil liability.

I have read the information on Confidentiality and understand its importance to this organization. I will accept all rules and requirements governing conduct as set forth by YCOE and understand that my duties will be outlined by the classroom teacher.

This agreement may be terminated by either party at any time effective immediately.

Signature of Volunteer Date

Approved by: _____ Date: _____

Title: _____

ADOPTED: August 23, 1993

REVISED: