

(USE FOR NON-EMPLOYEES OF THE CITY VOLUNTEERING AT A CITY FACILITY OR FUNCTION)

**VOLUNTEER PROGRAM
ACKNOWLEDGEMENT OF WORKERS' COMPENSATION**

I hereby acknowledge that as a volunteer for the Agency in the capacity of _____, I am not an employee of the Agency, but that I am covered under the Agency's workers' compensation plan since the Agency has adopted a resolution extending workers' compensation coverage to certain volunteers in specified categories pursuant to Labor Code Section 3363.5.

As a volunteer who is covered under the Agency's workers' compensation plan, I expressly agree and acknowledge that workers' compensation is my exclusive remedy for any injury suffered while performing said volunteer duties, and that I cannot and will not seek to bring any other claim or other legal actions of any type whatsoever against the Agency, its employees, officers, agencies, other volunteers and officials.

Date: _____

Signature: _____

Print Name: _____

Parent or Guardian Signature (if minor):

Witness: _____