

LOS RIOS COMMUNITY COLLEGE DISTRICT

VOLUNTEER RELEASE FORM

I understand that while volunteering my services as _____(Function) in the _____ Department, I will not receive any form of compensation, and I will not be covered by the Los Rios Community College District (LRCCD) Worker's Compensation Insurance. I hereby represent that I am covered by a policy of automobile insurance, which is required by LRCCD in the event that I provide transportation. I am aware that my volunteer work for the Los Rios Community College District (DISTRICT) can involve **MANY RISKS OR INJURY** including, but not limited to, property damage, bodily injury, personal injury, and death. In consideration of the DISTRICT permitting me to volunteer, I hereby voluntarily assume all risks associated with my participation and release the DISTRICT, its employees and volunteers, its colleges, campuses and centers, its governing board and the individual members thereof, and all other DISTRICT officers, agents and employees from all liability for injuries (including death) and damages arising out of or in any way related to my volunteer work.

Additionally, (a) I have received, read, and understand the Volunteer Informational Handout for the **Mandated Reporter: Child Abuse and Neglect Reporting Law (Penal Code, § 11166.5)**. I understand that although I may not be legally obligated to report such abuse/neglect, that the District and the College strongly encourages me to do so. (b) I have received, read, and understand the **Volunteer Family Education Rights and Privacy Act (FERPA) Agreement**.

College: _____
Anticipated Dates of Service: **Start:** _____ 20____ **End:** _____ 20____

Please list services: _____

Signature: _____ Print Name: _____ Date: _____

Address: _____ Telephone: _____

If participant is under 18, parent or guardian must sign.

Please note form P-155 Mandated Reporter must be submitted with this form.

Parent or Guardian Signature

OFFICIAL USE ONLY

A. Will the Volunteer be driving District vehicles? Yes ___ No ___
(If "Yes" the Volunteer must be an authorized driver – see District Regulation 8343, Section 3.0)

- B. Volunteer Category (Check \checkmark only one)
1. Academics & Foundation : a. Tutors _____ b. Student & Event Helpers _____
 2. Athletics/PE (coaches, trainers, etc.) _____
 3. Drivers (field trips) _____
 4. Observatory Docents _____
 5. Harris Center _____
 6. Others _____

C. Volunteers may **not** perform the work that they do in paid status for the District during same fiscal year.

Department: _____

Volunteer's Supervisor: _____ Date: _____

Dean's signature: _____ Date: _____

VPA signature: _____ Date: _____

To be kept for two years upon completion of the voluntary service