

WORKERS' COMPENSATION COVERAGE
FOR QUALIFIED UCSF CAMPUS VOLUNTEERS

UCSF CAMPUS
ADMINISTRATION PACKET

CONTENTS OF PACKET

Guidance:

- Instructions
- Determining Whether to Distribute the Forms
- Other Liability Forms and Insurance Requirements

Forms:

- Service Agreement
- Election of Workers' Compensation Coverage
- Consent for Minor to Participate in Volunteer Activities

UCSF HR Disability Management Services
Box: 0964
Tel: (415) 476-2621
Fax: (415) 476-2328
Web: <http://ucsfhr.ucsf.edu>

09-01-06

WORKERS' COMPENSATION COVERAGE
FOR QUALIFIED UCSF CAMPUS VOLUNTEERS

INSTRUCTIONS FOR PROCESSING THE FORMS

Please Note:

Volunteers may be utilized only to supplement and complement duties and functions performed by regular employees.

Volunteers may not be utilized to displace regular employees or have sole responsibility for duties established by current job classifications.

Please also Note:

The signing of these forms, and the University's processing of them, does not confer an official status of "volunteer" upon the person who signs them, nor does it confer upon the service donated an official status of "volunteer service", nor does it guarantee Workers' Compensation coverage. Coverage will depend upon whether the donated service qualifies *in actual substance* as volunteer service as defined by law and University policy.

1. In this document, refer to the page entitled *Determining Whether to Distribute the Forms* to determine whether the individual is excluded from being a prospective volunteer.
2. If the individual is excluded from being a prospective volunteer:
 - a. Do not distribute the forms.
 - b. Stop reading this page.
 - c. Read the page entitled "Other Liability Forms and Insurance Requirements".
3. If the individual is not excluded from being a prospective volunteer, then distribute and process the forms.
4. When the forms are completed, fax copies to Human Resources Disability Management Services at Fax (415) 476-2328, or mail them to Campus Box 0964.
5. A copy of the forms should be given to the prospective volunteer.
6. The original forms should be routed to the Personnel Representative of the department in which the prospective volunteer will be donating services.
7. The original forms should be retained for at least 18 months following termination of the prospective volunteer's service.

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8. Determine whether additional liability forms need to be filled out, or whether other insurance requirement apply:
 - a. In this document, read the page entitled "Other Liability Forms and Insurance Requirements".

COMPLETING THE FORMS

A. Volunteer Service Agreement

The department for which the prospective volunteer will be donating services should fill out this form completely, with all necessary signatures and attachments.

B. Volunteer Election of Workers' Compensation Coverage

The prospective volunteer should read and sign this form.

C. Consent for Minor to Participate in Volunteer Activities

If the prospective volunteer is a minor, this form must be signed by the minor's parent or guardian.

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DETERMINING WHETHER TO DISTRIBUTE THE FORMS

The purpose of this document is to provide guidance to those responsible for deciding whether to distribute the Election of Workers' Compensation Coverage forms to a prospective Campus volunteer. If the individual will be donating true volunteer services, then the following Workers' Compensation forms should be distributed and processed:

1. Volunteer Service Agreement
2. Volunteer Election of Workers' Compensation Coverage
3. Parental Consent for Minor to Participate in Volunteer Activities

The signing of these forms, and the University's processing of them, does not confer an official status of "volunteer" upon the individual, nor does it guarantee Workers' Compensation coverage. Coverage will depend upon whether the donated service qualifies in actual substance as volunteer service as defined by law and University policy.

A. WHAT IS A VOLUNTEER?

Individuals volunteer as a public service, for civic, humanitarian, or charitable reasons.

Volunteers freely offer to donate their services without promise or expectation of pay or future employment, but solely for their personal purpose or pleasure.

It may be the personal purpose of a volunteer to acquire practical work skills or work experience through volunteering. However, any activity performed toward academic credit is considered educational activity and does not qualify as volunteer service.

B. WHAT GROUPS DO NOT QUALIFY FOR VOLUNTEER STATUS?

The W/C Volunteer forms should not be distributed to, or processed for, members of the following groups:

Contractors performing service under a contract with UCSF are not volunteers.

Human Research Subjects are not volunteers for the purposes of Workers' Compensation.

Mentorees are not volunteers when the services they perform are a part of the curriculum or practicum leading to academic credit, an academic degree, professional licensure, designation, or other certification. In addition, Mentorees are not volunteers when they perform no service for UCSF (see Observers or Shadows).

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Observers are not volunteers for the purposes of Workers' Compensation, because they are performing no service (doing no "work").

Sales Persons and Solicitors are not volunteers.

Shadows (see Observers) are not volunteers for the purposes of Workers' Compensation, because they are performing no service (doing no "work") for UCSF.

Students are not volunteers when the services they perform are a part of the curriculum or practicum leading to academic credit, an academic degree, professional licensure, designation, or other certification. This includes, but is not limited to:

- * International Students
- * UC Students
- * UCSF Students
- * UCSF Graduate Students (except S/M GME Residents & Clinical Fellows Housestaff)
- * Student of Other Institutions
- * Visiting Students
- * Any other student.

UCSF Employees are not Volunteers. They are already covered for Workers' Compensation in the course and scope of their employment duties.

UCSF Patients are not Volunteers.

UCSF Postdoctoral Scholars are not Volunteers; they are considered to be employees.

UCSF Residents and Clinical Fellows (S/M GME Housestaff) are not Volunteers; they are considered to be employees.

Visitors are not Volunteers.

Workers performing work for an employer other than UCSF are not volunteers; their employers are responsible for providing Workers' Compensation coverage in the course and scope of their employment service.

Any other individual not meeting the definition of volunteer in section A, above.

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C. WHAT KIND OF "WORK" CAN A VOLUNTEER PERFORM?

Volunteers may be utilized only to supplement and complement duties and functions performed by regular employees.

Volunteers may not be utilized to displace regular employees or have sole responsibility for duties established by current job classifications.

**D. OTHER LIABILITY FORMS AND INSURANCE REQUIREMENTS
(VOLUNTEERS AND NON-VOLUNTEERS)**

1. All Persons (Volunteers and Non-Volunteers) Providing Clinical Care:

Any person participating in the provision of clinical services for UCSF must verify self-insurance coverage for professional liability.

Contact the Medical Risk Management office (415-353-1843) for advice.

2. Visitors or participants in other UCSF activities (persons not meeting the qualifications for Campus Workers' Compensation Coverage):

Participants in UCSF activities (recreational activities, field trips, non-work-related travel, etc.) may be asked to sign a Waiver of Liability, Assumption of Risk, and Indemnity Agreement for certain elective/voluntary, mandatory, and student-related activities.

The UCSF Risk Management Services office (415-476-2498) manages all requests for waivers for participants in such activities.

WORKERS' COMPENSATION COVERAGE
FOR QUALIFIED UCSF CAMPUS VOLUNTEERS

OTHER LIABILITY FORMS AND INSURANCE REQUIREMENTS

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SAFETY

A. Safety Training

Environmental Health & Safety: <http://www.ehs.ucsf.edu/>

SECURITY

A. ID Badge

We ID Program: <http://www.police.ucsf.edu/WeID.htm>

“If you are a contractor/vendor/volunteer or someone who is not paid through UCSF payroll then you will need to supply the minimum required information to the UCSF department for which you have an affiliation. They will inform you when you can go get your UCSF ID card.”

B. Health Insurance Portability & Accountability Act of 1996 (HIPAA)

1. Web Site: <http://www.ucsf.edu/hipaa/>
2. Handbook: <http://www.ucsf.edu/hipaa/handbook/handbook.pdf>

VOLUNTEER SERVICE AGREEMENT FORM
FOR QUALIFIED UCSF CAMPUS VOLUNTEERS

Volunteers may be utilized only to supplement and complement duties and functions performed by regular employees.

Volunteers may not be utilized to displace regular employees or have sole responsibility for duties established by current job classifications.

Volunteers donate their services to the UCSF Campus as a public service, for civic, humanitarian, or charitable reasons, and without promise or expectation of pay or future employment.

Students and other persons are not volunteers when the services they perform are a part of the curriculum or practicum leading to academic credit, an academic degree, professional licensure, designation, or other certification.

This form, and the University's processing of it, does not confer an official status of "volunteer" upon the person who signs it, nor does it confer upon the service donated an official status of "volunteer service", nor does it guarantee Workers' Compensation coverage. Coverage will depend upon whether the donated service qualifies *in actual substance* as volunteer service as defined by law and University policy.

Volunteers participating in the provision of clinical services for UCSF must verify self-insurance coverage for professional liability. Contact the Medical Risk Management office (415-353-1843) for advice.

Volunteer: Name _____
Please Print

Address _____

Phone () _____

Emergency Contact: _____
Please Print Name

() _____
Phone

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VOLUNTEER SERVICE AGREEMENT FORM
FOR QUALIFIED UCSF CAMPUS VOLUNTEERS

1. Assignment is for the: _____
(Department Name)
Department: Name _____
Address _____

Phone () _____

2. Direct Supervisor will be _____
(Print Name)

(Title)

3. Assignment Period _____
(Start Date) (End Date)
(Be specific. End date can be extended later.)

4. Schedule of Volunteer Hours: (e.g., M-W-F 9 a.m. to 12 p.m.)

5. Volunteer Duties/Responsibilities (Please List):

6. Physical Demands/Requirements include:

VOLUNTEER SERVICE AGREEMENT FORM
FOR QUALIFIED UCSF CAMPUS VOLUNTEERS

7. Special Skills: Please List (e.g. languages, software applications, typing, etc.)

8. Special Training Required: Please List (e.g., HIPPA, etc.)

9. Volunteers participating in the provision of clinical services for UCSF must verify self-insurance coverage for professional liability. Contact the Medical Risk Management office (415-353-1843) for advice.

10. If Volunteer is a licensed professional, a copy of current certificate of professional liability must be attached.

11. Library use permitted? YES _____ NO _____
(Note: Level of use must have been agreed to by Library Circulation Supervisor at (415) 476-5579.

12. Special immunizations needed (e.g. Hepatitis, TB, etc.):

(List and attach records)

13. Volunteer *Election of Workers' Compensation Coverage* form: Read, sign, and attach.

14. If a minor, volunteer must attach a *Consent for Minor to Participate in Volunteer Activities* form signed by the Volunteer's parent or guardian.

15. Signature and Title of volunteer's supervisor(s) responsible for training and supervision of volunteer:

ELECTION OF WORKERS' COMPENSATION COVERAGE FORM
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Volunteers participating in the provision of clinical services for UCSF must verify self-insurance coverage for professional liability. Contact the Medical Risk Management office (415-353-1843) for advice.

Name of Prospective Volunteer: _____
(Please Print)

Last 4 Digits of Social Security Number: _____

Date of Birth: _____

Sex: M _____ F _____

Work Phone: () _____ Home Phone: () _____

Home Address: _____

UCSF Department Name: _____

UCSF Dept. Mail Box: _____

Supervisor Name: _____
(Please Print)

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Supervisor Phone: () _____

Volunteer Service *Start Date*: _____ *End Date*: _____

COVERAGE DEPENDS UPON ACTUAL NATURE OF SERVICE

I understand that my signing of this form, and the University's processing of it, does not confer upon me an official status of "volunteer", nor does it confer upon the service I donate an official status of "volunteer service", nor does it guarantee Workers' Compensation coverage. I understand that coverage will depend upon whether the service I donate qualifies *in actual substance* as volunteer service as defined by law and University policy.

ELECTION OF REMEDY

As a condition of my participation in UCSF volunteer service and in consideration of my use of UCSF facilities and equipment, I, the above named prospective volunteer, understand and hereby agree that, in the event I am injured or contract an illness or disease either during my UCSF volunteer service or subsequent thereto as a result of such service, that I am hereby electing to be covered under the University of California's Self Insured Workers' Compensation Program as a volunteer for the University of California, San Francisco Campus, and that the benefits provided by the Labor Code of the State of California shall be my **SOLE AND EXCLUSIVE REMEDY FOR ANY AND ALL SUCH INJURIES, ILLNESSES OR DISEASES**. This election of remedy shall be binding on myself, my heirs, administrators, executors, and assigns. I further understand that I am deemed to have accepted the compensation provisions of the Workers' Compensation Program unless within five (5) days after entering into volunteer services without pay, I give UCSF notice in writing that I elect not to be subject to the provisions of the Workers' Compensation Program.

WAIVER, RELEASE AND INDEMNITY

In consideration of my use of UCSF facilities and equipment and of my coverage under the University's Self Insured Workers' Compensation Program, I, the above named prospective volunteer, hereby for myself, my heirs, executors, administrators, and assigns voluntarily release, forever discharge, waive, and relinquish any and all claims, actions, or causes of action for bodily injury, personal injury, property damage, or wrongful death occurring or arising out of the scope of my volunteer service against The Regents of the University of California, its officers, agents, volunteers, and/or employees (hereinafter referred to as the University), whether the same shall arise by contract, the negligence of any of said persons, or otherwise. **IT IS MY INTENTION BY THIS INSTRUMENT TO EXEMPT AND RELIEVE THE UNIVERSITY FROM ANY AND ALL LIABILITY TO ME, MY HEIRS, ADMINISTRATORS, EXECUTORS AND ASSIGNS FOR BODILY INJURY, PERSONAL**

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ELECTION OF WORKERS' COMPENSATION COVERAGE FORM
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**INJURY, PROPERTY DAMAGE, AND WRONGFUL DEATH CAUSED BY
NEGLIGENCE.**

I, the above named prospective volunteer, for myself, my heirs, administrators, executors, and assigns do hereby agree, in the event any claim for bodily injury, personal injury, property damage, or wrongful death arising out of my volunteer services shall be prosecuted against the University, to defend, indemnify, and hold harmless the University from any and against any and all such claims or causes of action by whomever or wherever made or presented, except for such claims as may arise from or be caused by the sole negligence of the University.

WAIVER OF CIVIL CODE SECTION 1542 RIGHTS

I, the above named prospective volunteer, hereby expressly waive all rights under Section 1542 of the Civil Rights Code of California which states that a "general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him must have materially affected his settlement with the debtor."

REPORTING OF INJURIES AND ILLNESSES

I hereby agree to report immediately all injuries or illnesses contracted in the scope of my UCSF volunteer services to the UCSF Department in which I am providing volunteer service.

OBTAINING MEDICAL TREATMENT

If emergency medical care is necessary, campus volunteers should go to the nearest emergency facility. For acute care, campus volunteers should make arrangements to visit one of UCSF's designated medical providers.

SEVERABILITY

In the event any provision of this document is determined to be invalid, such invalidity will not affect the validity or enforceability of the remaining provisions.

AGREEMENT

I, the above named prospective volunteer, have read this four-page document in its entirety. I have read the "COVERAGE DEPENDS UPON ACTUAL NATURE OF SERVICE", the "ELECTION OF REMEDY", the "WAIVER, RELEASE AND INDEMNITY", the "WAIVER OF CIVIL CODE SECTION 1542 RIGHTS", and all the other sections of this document, and agree to them all.

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ELECTION OF WORKERS' COMPENSATION COVERAGE FORM
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Prospective Volunteer's Signature

Date

Supervisor's Signature

Date

Form Distribution

Original: Department Personnel Representative

Copy: Volunteer, UCSF HR Disability Management Services

Retain Volunteer records for at least 18 months following termination of volunteer services.

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CONSENT FOR MINOR TO PARTICIPATE IN VOLUNTEER ACTIVITIES FORM
FOR QUALIFIED UCSF CAMPUS VOLUNTEERS

Dear Parent or Guardian:

Date: _____

The following consent form must be signed prior to your son's or daughter's involvement as a volunteer at the UCSF Campus. Should you have any questions or concerns regarding the following, please do not hesitate to call the undersigned Department Representative.

Sincerely,

Department Representative's Signature & Title () _____
Phone

----- PARENT OR GUARDIAN -----

This will authorize _____ (Volunteer), a minor, to participate in volunteer activities in the _____ (Department), at the University of California, San Francisco Campus. I understand that my child's services are donated to UCSF as a public service, for civic, humanitarian, or charitable reasons, and are given without promise or expectation of pay or future employment.

I release the University of California and its employees from any claim of liability for any damages, injury, or illnesses resulting to said minor, not occasioned by any fault or neglect on the part of the University, while participating in such volunteer activities.

In addition, I give consent that I will be responsible for ensuring my child be given a T.B. Skin test and/or chest X-Ray, if necessary, titre for measles, rubeola, chicken pox and any other necessary vaccines at my cost. I also understand that I will provide a record of my child's current immunization prior to volunteering.

This authorization is given pursuant to Section 25.8 of the Civil Code of California, and shall remain in effect for the period of time my son or daughter is a volunteer at the University of California San Francisco.

Signature of Parent or Guardian Date

Enclosed: Proof of TB Skin Test Immunization Record

Form Distribution

Original: Department Personnel Representative
Copy: Parent or Guardian of Minor, UCSF HR Disability Management Services

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