



## UCSB Workers' Compensation Volunteer Coverage Information

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Complete the Workers' Compensation Program Volunteer Registration Form (on next page) to document each of your department's volunteers. Workers' Compensation coverage is provided to volunteers as defined below. If a work-related injury or illness occurs, this information will be used to assist in determining appropriate coverage. Direct any questions concerning this coverage to the Workers' Compensation Manager at 805-893-4169, or email to [mari.tyrrell-simpson@workcomp.ucsb.edu](mailto:mari.tyrrell-simpson@workcomp.ucsb.edu).

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### ***Department Processing Instructions***

1. Complete the Volunteer Registration Form (modifiable PDF on next page).
  2. The supervisor or department representative is responsible for ensuring all sections of the Volunteer Registration Form are accurate and complete. Incomplete forms will be returned for further information.
  3. Ensure the volunteer meets the criteria for coverage outlined below.
  4. Send copy to Workers' Compensation, Mail Code 5132, or fax to 805-893-8521, or email to [cristina.esparza@workcomp.ucsb.edu](mailto:cristina.esparza@workcomp.ucsb.edu) and retain original in department files.
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### ***Definition of "Volunteer" for Workers' Compensation Coverage***

**Definition** For the purpose of workers' compensation coverage, a volunteer is defined as a person rendering services to the University where:

1. The University has control and direct supervisory responsibility over the manner and result of the services rendered; and
2. The volunteer receives no remuneration for such services other than meals, transportation, lodging, or reimbursement for incidental expenses, if appropriate.

#### **The following categories do NOT fall within the volunteer definition:**

1. The service provided is solely in pursuit of the individual's personal education goals;
2. The individual receives remuneration for services rendered from a non-UC payroll, e.g., visitors or guests on per diem or travel allowance or academic or research visitors receiving support from home institutions;
3. The individual is sponsored by an outside agency and provides service to the University through that sponsoring agency, e.g., Red Cross volunteers or United Way volunteers;
4. The individual is an off-campus volunteer who is sponsored or referred by the University but is not under the direct supervision and control of the University, e.g., Student Internships, Student Teachers, etc.
5. Guests of the University such as: casual visitors; computer users who are employees of an organization which has a formal contractual agreement to use computer facilities; or retired employees who desire occasional access to campus/laboratory/recreational facilities.



## UCSB Workers' Compensation Volunteer Registration Form

Please complete the following information regarding your volunteer.  
If you have any questions, please call Workers' Compensation 805-893-8050.  
(Note: All volunteers under 18 years of age require prior approval from the WC Office.)

<i>Department Information</i>	
Department:	Department Phone:
Department Contact:	Department Contact Email:
Supervisor:	Supervisor Email:
Period of Service & Work Schedule: <i>(Please be specific - e.g., "7-1-11 – 9-30-11"; or "one Saturday a month")</i>	
Volunteer Work Location: (if different from Department)	
Brief Description of Duties:	
Form Completed By:	Date Completed:

<i>Volunteer Information</i>	
Name:	Local Phone:
Address:	Student Status: <input type="checkbox"/> Not Applicable <input type="checkbox"/> Graduate <input type="checkbox"/> Undergraduate
If student, name of school:	Is volunteer work related to course work? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Department verifies that Volunteer has been informed of the following:</b>	
<input type="checkbox"/> Volunteer service will be uncompensated (except for per diem, where applicable), and understands that they or the University may terminate this relationship at any time without notice. Volunteer agrees to abide by all rules and regulations of the University, and understands that they are not an employee of the University.	

*Note: Volunteer may also need to complete the UC Waiver of Liability, depending on nature of duties. For further information go to <http://www.riskmanagement.ucsb.edu/> or contact Risk Management at 805-893-2860.*

**Please submit completed form to the Workers' Compensation Office**  
Email to [cristina.esparza@workcomp.ucsb.edu](mailto:cristina.esparza@workcomp.ucsb.edu), fax to 805-893-8521,  
or use campus mail code 5132 and retain original for your department files.