

VOLUNTEER INFORMATION

PLEASE COMPLETE THE FOLLOWING INFORMATION REGARDING YOUR VOLUNTEER. IF YOU HAVE ANY QUESTIONS PLEASE CALL WORKERS' COMPENSATION (530) 752-7243.

DEPARTMENT:	Phone: ()
Name of Volunteer:	
Social Security Number or other ID Number:	
Pursuant to the Federal Privacy Act of 1974, you are hereby notified that disclosure of your social security number is voluntary. This record keeping system was established pursuant to the authority of The Regents of the University of California under Art. IX, Sec. 9 of the California Constitution. The social security number is used to verify your identity.	

<i>Local</i>	Street	
<i>Address</i>	City	State
	Zip	
	Phone ()	

<i>Permanent</i>	Street	
<i>Address</i>	City	State
	Zip	
	Phone ()	

Brief Description of Volunteer Activity

Is Volunteer receiving salary from any outside institution or foreign country? (Y/N)
If "Y" please provide name of source:

Beginning Date of Volunteer Activity:	Ending Date:
Department Contact:	
Department Contact Signature:	

Please retain this form in your department files. Workers' Compensation will request a copy should an injury or illness be reported.