Glenn County Resource Conservation District

POLICY HANDBOOK

POLICY TITLE: Volunteer Personnel Workers' Compensation Insurance
POLICY NUMBER: 2115

2115.1 An unpaid person authorized to perform volunteer service for the Glenn County Resource Conservation District shall be deemed to be an employee of the Glenn County Resource Conservation District for the purposes of Workers' Compensation Insurance benefits provided for by law for any injury or illness sustained by them while engaged in the performance of services for the Glenn County Resource Conservation District under its direction and control. See approved Resolution #2007-04 [*attached hereto as Appendix A*].

2115.1.1 The Legislature of the State of California has provided through legislation (Labor Code §3363.5) authorization for the inclusion of such coverage in the Glenn County Resource Conservation District's Workers' Compensation Insurance policy.

2115.2 All unpaid persons authorized to perform volunteer service must fill out and return Volunteer Service Form [*attached hereto as Appendix B*] to the Executive Officer or his/her designated representative prior to performing volunteer service.

GLENN COUNTY RESOURCE CONSERVATION DISTRICT
GLENN COUNTY, CALIFORNIA
RESOLUTION NO. #2007-04

* * * *

RESOLUTION OF THE GLENN COUNTY RESOURCE CONSERVATION DISTRICT BOARD OF DIRECTORS PROVIDING WORKERS' COMPENSATION COVERAGE TO AUTHORIZED AGENCY VOLUNTEERS

* * * *

WHEREAS, the California Labor Code provides that, with certain exceptions, volunteers to government agencies are not covered under California Workers' Compensation statutes; and

WHEREAS, the Board of Directors has the authority to extend Workers' Compensation coverage to volunteers who are authorized to provide services to the agency; and

WHEREAS, the Board of Directors has considered the desirability of providing Workers' Compensation coverage to volunteers who are authorized to provide services to the agency; and

WHEREAS, the Board of Directors has determined that there is a need and reason to provide Workers' Compensation coverage to authorized agency volunteers who provide valuable services to the agency as a whole;

NOW, THEREFORE, BE IT RESOLVED that the Board of Directors resolve that volunteers who are properly authorized to provide volunteer services to the agency shall be entitled to Workers' Compensation coverage and benefits for any injury of disability arising out of and as a direct and proximate cause of their volunteer activities for Glenn County Resource Conservation District.

THIS RESOLUTION WAS PASSED by the Board of Directors of the Glenn County Resource Conservation District at their regular meeting thereof on this 15th day of October, 2007 by the following vote:

AYES: 7
NOES: 0
ABSTAIN: 0
ABSENT: 0

Dated: 11/19/07 By: Lorri Pride
Lorri Pride, President

I, Mike Yalow, Secretary of the Board of Directors, do hereby certify that the foregoing is a true and correct copy of a Resolution adopted by the Board of Directors of the Glenn County Resource Conservation District at the regular meeting on October 15, 2007, which the Resolution is on file in the Office of said Board of Directors.

Dated: 11/27/07 By: Mike Yalow
Mike Yalow, Secretary/Treasurer

APPENDIX "B"

GLENN COUNTY
RESOURCE CONSERVATION DISTRICT

Volunteer Service Form

Please print clearly.

I am interested and qualified to provide volunteer services, to the Glenn County Resource Conservation District, in the following areas of interest:

_____
_____
_____
_____

Name:_____Signature:_____Date:_____
(If under the age of 18 years old, please provide authorization by your legal guardian.)

I,_____,am the legal guardian of the above named and allow he/she to provide volunteer services to the Glenn County Resource Conservation District.

*Signature:*_____ *Date:*_____

Address:_____
City:_____State:_____Zip Code:_____
Telephone:_____Other:_____
E-mail:_____

In case of an emergency, please notify:

Name:_____
Address:_____
City:_____
State:_____Zip Code:_____
Telephone:_____

Name:_____
Address:_____
City:_____
State:_____Zip Code:_____
Telephone:_____

For RCD USE ONLY

Number of Hours Worked:_____
Federal Minimum Wage Amount:_____
Workers' Comp Classification Code:_____
Total Match of In-kind Services ($):_____
Assigned Project Name:_____
Assigned Activities:_____
_____
Allowable Reimbursement Items:_____
Project Coordinator:_____