

Sacramento County Fair
VOLUNTEER RECORD AND SERVICE AGREEMENT

Department: _____ Are you at least 18 years of age? Yes No

Name: _____

(Print)

Address: _____ City, Zip Code: _____

Telephone #: _____ E-Mail _____

In case of emergency notify:

(Name): _____ Relationship: _____ Telephone # _____

If an intern, indicate current school: _____

Volunteer will work from: _____ through: _____
date date

Duties: _____

(brief description or attach duty statement)

Indicate if the duties will include any of the following:

___ travel; ___ handling of money; ___ driving of a State and/or personal vehicle on State business (includes driving a golf cart and/or personal vehicle on grounds on State Business).

If driving a State and/or personal vehicle on State business:

Driver's License # _____ Expiration date: _____

I, _____ am an unpaid volunteer for the Sacramento County Fair and, as such, know that I am not entitled to State employee-related benefits

Or pay. As an unpaid volunteer, I am willing to serve at my own risk. I hereby waive all claims, suits, actions or any recourse against the state, Sacramento County Fair, its officers, agents, servants or employees including the right to contribution for loss or damage to persons or property arising from, growing out of, or in any way connected with or incident to my volunteer services. I will comply with all policies, procedures, rules, regulations, directives and instructions provided by Sacramento County Fair management. Upon prior written approval by Department management, I may be reimbursed for necessary allowable expenses for subsistence and travel in connection with approved volunteer services. Such reimbursement shall be in accordance with Board of Control Rules. If I operate a private motor vehicle as part of my volunteer activities, I must file a certificate of insurance coverage and a mechanical safety of the motor vehicle with the Business Services office.

Signature of Volunteer Date

Parent/Guardian if Volunteer under 18 years of age Date

Signature of Supervisor Date

Signature of Department Manager Date

Approved by Personnel Manager Date