

MIRACOSTA COMMUNITY COLLEGE DISTRICT
REQUEST / RECOMMENDATION FOR VOLUNTEER SERVICE

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Section C – Completed by Volunteer

This is to acknowledge receipt of information regarding California Workers' Compensation laws and rights, in addition to notice regarding the Medical Provider Network that my employer/volunteer service provider utilizes.

I have read the ³(PSOR\HH 1RWLFH :RUNHUV & BOP\SHRQ V D MHL RQ & % H R Q I Q W A H U Z H E V) understand my rights and benefits under the Workers' Compensation program. I agree to report all work-related injuries and illnesses to my supervisor / employer / volunteer service provider immediately after they occur.

DATE

Section D – Completed by Parent / Guardian – (IF THE VOLUNTEER IS A MINOR)

I have read and understand the above conditions and consent to the abo