

STATE OF CALIFORNIA - DEPARTMENT OF GENERAL SERVICES

VOLUNTEER ORIENTATION PACKET

Congratulations on your decision to participate in the Department's Volunteer Program.

The attached forms are an important part of the volunteer orientation. The completion of these documents will formalize the volunteer appointment and will ensure that the volunteer is covered by Worker's Compensation Insurance. The volunteer's supervisor should maintain copies of all forms and the Volunteer Program Administrator will maintain the originals.

- **Volunteer Service Agreement:** The supervisor completes the upper portion of the form, the volunteer reads the lower portion, and both the volunteer and the supervisor sign.
- **Oath of Allegiance:** The volunteer's name is entered in part one. In part two, the volunteer will check the appropriate answer if applicable. The volunteer signs and dates in part three.
- **Timesheet:** Timesheets must be completed by the volunteer on a monthly basis and submitted to the Personnel Liaison by the supervisor.
- **Travel Expense Claim Form:** Completed for reimbursement by Accounting if volunteer is authorized travel expenses.
- **Authorization to Use Privately Owned Vehicle on State Business:** Complete if volunteer will be driving own vehicle for business.
- **Volunteer's Evaluation Form:** Volunteer completes when leaving the program.
- **Emergency Notification:** The volunteer completes this form.
- **Essential Functions Health Questionnaire:** Volunteer completes after review of the essential functions of the volunteer assignment.

Route the original forms and a current resume to the Volunteer Program Administrator:

????? (name of Volunteer Program Administrator)
Department of General Services
Office of Human Resources
PO Box 989052
Sacramento, CA 95798-9052

Tel: (916) 376-????
Fax: (916) 376-????