

**California Exposition and State Fair
State of California
VOLUNTEER RECORD AND SERVICE AGREEMENT**

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

Name: _____ (Print) SSA #: _____ (optional)

Address: _____ City, Zip Code: _____

Telephone #: _____

In case of emergency notify: _____

Relationship: _____ Telephone # _____

If an intern, indicate current school: _____ Major: _____

Volunteer will work from: _____ through: _____

Tentative work schedule: _____

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 California Exposition and State 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, Cal Expo, 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 Cal Expo 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 mechanical safety of the motor vehicle with the Business Services office.

Signature of Volunteer *Date*

Signature of Supervisor *Date*

Signature of Department Manager *Date*

Approved by Personnel Manager *Date*