

**CONTRA COSTA COUNTY**  
Office of the County Administrator

**ADMINISTRATIVE BULLETIN**

Number: 421.1  
Date: 11-19-96  
Section: Personnel

**SUBJECT: County Volunteer Programs**

- I. GENERAL. This bulletin provides the rules and procedures to be followed by County departments governing volunteer programs, including the policies and procedures for reimbursement of expenses; medical and permanent disability benefits; and legal defense and indemnification against liability claims initiated by third parties. These regulations and procedures are promulgated in accordance with the policy adopted by the Board of Supervisors.
  
- II. RULES AND PROCEDURES. County departments shall submit to the Office of the County Administrator a description of each volunteer program. Such programs become County programs subject to the provisions of this Administrative Bulletin upon written approval of the County Administrator, or designee.
  - A. County departments sponsoring volunteer programs shall have a staff member assigned as a volunteer coordinator whose name and telephone number shall be provided to the County Administrator. The Volunteer Program Coordinator shall be responsible for the initial orientation and training of new volunteers. Confidentiality requirements, and program elements shall be explained to volunteers.
  - B. Volunteers are required to fill out, read and sign an application form and supporting documents. The volunteer coordinator, or designee, will sign the application form to acknowledge its receipt and will provide a copy to the applicant
  - C. Records shall be kept of the acceptance of volunteers. If reimbursement of actual and necessary expenses in performing volunteer services is authorized, the volunteer must sign the Oath of Allegiance form. If the volunteer is a minor, the parental consent form must be completed and signed by the parent or legal guardian.
  - D. Application, parental consent, auto insurance declaration and oath of allegiance forms to be used by departments are attached.
  - E. Disabilities of a volunteer may be discussed with Risk Management and/or the Affirmative Action Officer.
  - F. If a volunteer is to use a personal vehicle in the course of authorized volunteer services, the volunteer will be required to fill out the "Volunteer Auto Insurance Declaration" form. Volunteers must check with their insurance agent or broker to make certain that liability insurance is extended under their policy while their vehicle is being used for volunteer activities. Auto insurance is required for all volunteers

who will use their personal automobile while performing authorized volunteer services with at least the following limits:

\$15,000 for injury to or death to one person

\$30,000 for injury to or death to two or more persons in one accident

\$ 5,000 for property damage

The volunteer must furnish a California motor vehicle operators license if he/she is to use a vehicle and the license number together with insurance policy number duly noted on the Auto Insurance Declaration (form attached). A Certification of Insurance or other evidence of insurance may be requested and placed on file.

- III. INJURY TO VOLUNTEER. Authorized volunteers are not entitled to workers' compensation benefits. In lieu thereof and in return for the volunteer waiver of any claim against the County for illness, injury or other harm arising from acts or occurrences while providing volunteer services, the County shall provide, in the case of volunteer illness, injury or death resulting from acts or occurrences while providing authorized volunteer services, through self-insurance, for reimbursement of County authorized necessary medical expenses, and for minimum permanent disability compensation equal to that afforded under the workers' compensation laws of California, provided, however, that no temporary disability compensation shall be paid; that medical expenses shall be limited to reimbursement for expenditures otherwise qualified for reimbursement which are not covered by the volunteer's health plan, other available insurance coverage, or other third party (i.e., Federal, State or other payment); and that the County may elect to have the County's Health Services Department provide the volunteer's necessary medical care.
- IV. PUBLIC LIABILITY. The County through its self-insurance program shall defend and indemnify volunteers upon request against liability claims initiated by third parties arising out of the volunteer's acts or omissions occurring within the scope of authorized volunteer services, unless the volunteer acted or failed to act because of actual malice, fraud, corruption or gross negligence. Volunteers using personal automobiles in performing authorized services must maintain liability insurance at limits which as a minimum comply with the California Financial Responsibility Law and must have a driver's license. The protection afforded by the County shall be in excess only of any other public liability or automobile liability insurance maintained by or which provides coverage for the volunteer, and shall not cover any damages to the volunteer's vehicle including any deductible amount. Volunteers may be permitted to operate County vehicles in the performance of authorized volunteer services.
- V. PROCEDURE IN CASE OF ACCIDENT OR INJURY. When a volunteer is injured while performing authorized volunteer services, the department shall immediately notify the Risk Management Department and arrange for medical care as necessary. The volunteer's supervisor shall immediately thereafter complete the Supervisor's Report of Occupational Injuries or Illness (Form AK-30). The Supervisor shall then forward the form to the volunteer coordinator who within 24 hours shall submit the report through department channels to Risk Management Division. The form shall indicate that the injured party is a volunteer and identify any referral to a medical provider. The Risk Management Division may arrange for the County's Health Services Department to provide the volunteer's medical care.

All medical bills received by the volunteer for County authorized medical care not otherwise covered by health insurance, other insurance, or third party payment shall be forwarded to the Office of the County Administrator, Risk Management Division. Such bills must be itemized and indicate the date of injury. County payments will be made jointly to the volunteer and to the medical provider.

Any claims for permanent disability compensation shall be referred to the Risk management Division for review and adjustment. Prior to final settlement and payment for any such claim, the volunteer shall execute an appropriate form releasing the county from any further liability and agreeing that such compensation shall be the volunteer's sole and exclusive remedy with respect to the injury sustained.

When there is an accident resulting in third party personal injury or property damage, the appropriate accident report form shall be completed by the Supervisor and forwarded to the volunteer coordinator and to the Risk Manager Division. The subsequent procedure to be followed shall be identical to that applicable as in accidents involving County employees.

IV. REIMBURSEMENT OF EXPENSES. Volunteers are eligible to receive reimbursement from the County for certain actual and necessary expenses incurred in the performance of authorized volunteer services. In order to claim expenses, the volunteer must have signed the Oath of Allegiance before any County officer authorized to administer oaths and meet previously described insurance requirements.

Volunteers are subject to the County reimbursement policies established for County employees. The County will not reimburse volunteers for child care expenses; mileage from the volunteer's residence to the County designated facility or service location, unless authorized and funded by a federally-funded or state-funded program approved by the Board of Supervisors; or damage to the volunteer's personal vehicle, including any deductible provisions which are paid by the volunteer. The volunteer must provide information to the volunteer coordinator with respect to the automobile liability insurance coverage maintained prior to the use of the personal vehicle for volunteer services and reimbursement of mileage claims.

**NOTE:** Forms can be reproduced locally.

*Orig. dept.: County Administrator*

/s/

---

Phil Batchelor,  
County Administrator

CONTRA COSTA COUNTY  
VOLUNTEER APPLICATION AND REGISTRATION FORM

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Name Age Social Security No.

\_\_\_\_\_  
Home Address Home Phone

\_\_\_\_\_  
Business Address Business Phone

\_\_\_\_\_  
Driver's License No., If Any

Do you have a health problem we should be aware of in an emergency?

Yes \_\_\_ No \_\_\_ (Describe: such as a history of back trouble, heart, epilepsy, diabetes, fainting, etc.) \_\_\_\_\_

Is there a medication you must take? Yes \_\_\_ No \_\_\_  
Is there a medication to which you are allergic? Yes \_\_\_ No \_\_\_  
If yes, medication is: \_\_\_\_\_

Medical or Hospital Insurance Plan: \_\_\_\_\_  
Automobile Insurance Carrier: \_\_\_\_\_

\_\_\_\_\_  
Person to Call in Emergency Address Phone No.

I have been informed against and accept responsibility for any breach on my part respecting confidential information. I have read the Policy adopted by the Contra Costa County Board of Supervisors on volunteer programs. In return for the benefits provided by Contra Costa County in case of my illness, injury, death, or third party liability while providing, or resulting from acts or occurrences within the scope of my authorized volunteer services, and for my right to authorized expense reimbursement, I waive any claim on my behalf and on behalf of my heirs, representatives, and assigns against the County of Contra Costa any other agency governed by the Board of Supervisors, and any agent, officer or employee thereof for illness, injury, debts or without limitation, other harm arising from my volunteer services, whether or not authorized.

\_\_\_\_\_  
Signature Date

Received: \_\_\_\_\_  
Signature Date

CONTRA COSTA COUNTY  
PARENTAL CONSENT FORM  
VOLUNTEER PROGRAM

Name of Minor: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Birth Date: \_\_\_\_\_

Volunteer Activity: \_\_\_\_\_

The above person, a minor, desires to perform volunteer services for the County in accordance with the attached application form.

As parent/guardian of this minor, permission is hereby granted for him/her to participate in the volunteer program. My child does not have any physical or medical problems which would prohibit or limit participation in the volunteer program, except:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In case of illness or emergency, please call: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I have reviewed the volunteer application and registration form and the policy adopted by the Contra Costa County Board of Supervisors on volunteer programs, and give my consent for \_\_\_\_\_ to participate in the volunteer program subject to the terms and conditions expressed therein.

Signed by Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

CONTRA COSTA COUNTY  
VOLUNTEER SERVICES  
AUTO INSURANCE DECLARATION

Date: \_\_\_\_\_

This is to certify that I, the undersigned, am in possession of a valid California Driver's License:

No.: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

My car is a:

Make: \_\_\_\_\_

Model: \_\_\_\_\_

Year: \_\_\_\_\_

License No.: \_\_\_\_\_

My car is insured with:

Company: \_\_\_\_\_

Policy No.: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

I further certify that I have minimum liability insurance coverage as follows:

\$15,000 for injury to, or death of, one person;

\$30,000 for injury to, or death of, two or more persons in one accident;

\$ 5,000 for property damage.

If I no longer meet the minimum liability insurance coverage requirements, I will immediately notify the Volunteer Program Coordinator.

\_\_\_\_ I certify that I will not be operating a vehicle in my capacity as a volunteer.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_

## VOLUNTEER PROGRAM POLICY

The use of volunteers in performing specific services is a valuable resource and provides an avenue for citizen participation in various County programs which is recognized as being of public benefit. In recognition of the benefits which may be derived from volunteer services, it is hereby declared that it shall be County policy to encourage and promote volunteer programs determined to be in the public interest.

It is County policy that volunteers will not replace County employees but will provide services to supplement or enrich regular County programs and services.

This policy statement is designed to provide the framework for County volunteer programs activities. The following guidelines are adopted for volunteer programs.

### A. Volunteer Programs

A description of each volunteer program shall be submitted by the department head to the County Administrator for review and approval.

Factors to be considered in evaluating programs are the need for and public benefit to be derived from the volunteer program, associated County cost and staff effort required for such a program, the potential for injury to volunteers, and the possibility for injury to others including injuries giving rise to possible liability claims.

The County Administrator may adopt regulations governing the administration of this volunteer program.

### B. Volunteers

A volunteer is defined as a person who renders services gratuitously and has been accepted in the volunteer program. The volunteer is not an employee of the County.

In recognition of the benefit to the County derived from volunteer services, and in return for their waiver on their own behalf and on behalf of their heirs, representatives, and assigns of any claim against the County of Contra Costa, other agency governed by the Board of Supervisors, and any agent, officers, or employee thereof, for illness, injury, debts, or without limitation any other harm arising from such volunteer services, authorized volunteers serving in approved programs shall be provided the benefits indicated below:

1. Injury to Volunteer. Contra Costa County volunteers are not entitled to workers' compensation benefits. In lieu thereof and in return for the volunteer's waiver of any claim against the County for illness, injury or other harm arising from acts or occurrences while providing volunteer services, the County shall provide, in the case of volunteer illness, injury or death resulting from acts or occurrences while providing authorized volunteer services, through self-insurance, for reimbursement of County authorized necessary medical expenses, and for minimum permanent disability compensation equal to that afforded under the workers' compensation laws of California, provided, however, that no temporary disability compensation shall be paid; that medical expenses shall be limited to reimbursement for expenditures otherwise qualified for reimbursement which are not covered by the volunteer's health plan, other available insurance coverage, or other third party (i.e., Federal, State or other payment); and that the County may elect to have the County's Health Service Department provide the volunteer's necessary medical care.
  
2. Public Liability. The County through its self-insurance program shall defend and indemnify volunteers upon request against liability claims initiated by third parties arising out of the volunteer's acts or omissions occurring within the scope of authorized volunteer service, unless the volunteer acted or failed to act because of actual malice, fraud, corruption or gross negligence. Volunteers may be permitted to operate County vehicles in the performance of authorized volunteer services. Volunteers using County or personal automobiles in performing authorized services must maintain liability insurance at limits which as a minimum comply with the California Financial Responsibility Law and must have a driver's license. The protection afforded by the County shall be in excess only of any other public liability or automobile insurance maintained by or which provides coverage for the volunteer, and shall not cover any damages to the volunteer's vehicle, including any deductible amount.
  
3. Expense Reimbursement. Volunteers may be reimbursed for actual and necessary expenses in performance of authorized volunteer services at the same rates and in accordance with regulations and procedures established for County employees. No reimbursement will be made for any child care expenses, mileage from the personal residence of the volunteer to the County facility or service location or for damage to personal vehicles or other property of volunteers used when performing authorized volunteer services.