

**SACRAMENTO COUNTY FAIR**  
**MAY 24-28, 2012**  
**Volunteer Record and Service Agreement**



Department: \_\_\_\_\_

Are you at least 18 years of age?  Yes  No

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_

In case of emergency notify (Name): \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_

If an intern, indicate current school: \_\_\_\_\_ Major: \_\_\_\_\_

Volunteer will work from (Date): \_\_\_\_\_ Through: \_\_\_\_\_

Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

---

Parent/Guardian if Volunteer under 18 years of age Date

---

Signature of Supervisor Date

---

Signature of Department Manager Date

---

Approved by Personnel Manager Date