



THE CITY OF ARTESIA, CALIFORNIA

18747 CLARKDALE AVENUE, ARTESIA, CALIFORNIA 90701

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"Service Builds Tomorrow's Progress"

CITY OF ARTESIA VOLUNTEER PROGRAM ACKNOWLEDGEMENT OF WORKERS' COMPENSATION

I hereby acknowledge that as a volunteer for the City of Artesia in the capacity of _____, I am not an employee of the City of Artesia, but that I am covered under the City of Artesia's workers' compensation plan since the City of Artesia has adopted a resolution extending workers' compensation coverage to certain volunteers in specified categories pursuant to Labor Code Section 3363.5.

As a volunteer who is covered under the City of Artesia's workers' compensation plan, I expressly agree and acknowledge that workers' compensation is my exclusive remedy for any injury suffered while performing said volunteer duties, and that I cannot and will not seek to bring any other claim or actions of any type whatsoever against the City of Artesia, its employees, officers, agencies, other volunteers and officials.

Date: _____

Signature: _____

Print Name: _____

Parent or Guardian Signature (if minor):

Witness: _____