**RESOLUTION NO. \_\_\_\_\_20\_\_\_**

**Electing Workers’ Compensation Coverage for Unpaid Volunteers**

**Adopted by the Board of [Trustees/Directors] of the**

**[name of agency]**

on Date of

\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_

**WHEREAS**, the California Labor Code provides, with certain exceptions, that volunteers providing services to government agencies are not covered under California Workers’ Compensation insurance; and

**WHEREAS**, Labor Code section 3363.5 authorizes public agencies, through action by resolution, to provide such volunteers with workers’ compensation coverage while they are acting for or on behalf of the agency; and

**WHEREAS**, the Board of [Trustees/Directors] finds that the services provided by such volunteers benefit the [Name of Agency] and its citizens; and

**WHEREAS**, the Board of [Trustees/Directors] has considered the desirability of providing workers’ compensation coverage to those volunteers designated below,

**NOW THEREFORE, BE IT RESOLVED by the Board of [Trustees/Directors] of the [Name of Agency]:**

1. That, pursuant to California Labor Code § 3363.5, only those volunteers who have received prior written approval from the [Name of Agency] to provide services to the Agency/District are deemed employees of the Agency/District for purposes of workers’ compensation coverage and only while performing services for or on behalf of the Agency/District, effective as of the date of this Resolution, and

2. That, pursuant to California Labor Code § 3363.5, the unpaid members of the Board of [Trustees/Directors] of the [Name of Agency] are deemed employees of the Agency/District for purposes of workers’ compensation coverage while performing services for or on behalf of the Agency/District, effective as of the date of this Resolution.

On a motion by [Trustee/Director] ­­­­\_\_\_\_\_\_\_\_\_\_, seconded by [Trustees/Directors]­ \_\_\_\_\_\_\_\_\_\_, the foregoing resolution was passed and adopted this ­­­\_\_\_ day of \_\_\_\_\_\_\_\_, 20\_\_\_, by the following vote, to wit:

Ayes: \_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_

Noes: \_\_\_\_\_\_\_\_\_\_

Absent: -0-

Attested by: **Name of Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Clerk of the Board Chair, Board of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_