**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 members of the Board of [Trustees/Directors] of the [Name of Agency] serve without compensation and, therefore, are not considered employees eligible for workers’ compensation coverage; and

 **WHEREAS**, the Board of [Trustees/Directors] finds that the services provided by the members of the Board 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 the members of the Board while they are providing services for or on behalf of the Agency/District, including attending conferences and training programs,

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

 1. 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, including attending conferences and training programs, effective as of the date of this Resolution.

 On a motion by [Trustee/Director] ­­­­\_\_\_\_\_\_\_\_\_\_, seconded by [Trustee/Director] ­­­­\_\_\_\_\_\_\_\_\_\_, the foregoing resolution was passed and adopted this ­­­\_\_\_th 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 [Trustees/Directors]