

RIVERSIDE  
C O U N T Y



**RIVERSIDE COUNTY FAIR &  
NATIONAL DATE FESTIVAL**

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ECONOMIC DEVELOPMENT AGENCY  
COUNTY OF RIVERSIDE

Acknowledgement of Volunteer Assignment



I, \_\_\_\_\_, acknowledge that I am an at-will volunteer without vested property right in my position of \_\_\_\_\_ with the Riverside County Fair & National Date Festival. I acknowledge that *the County of Riverside does not provide Workers' Compensation insurance coverage to volunteers; however as a volunteer I am eligible to join the County of Riverside Volunteer Insurance Program which is a program that offers excess insurance coverage of my existing personal insurance which is primary.* I also acknowledge that *as a volunteer* I may be released at any time, without cause, and without right of appeal.

\_\_\_\_\_  
Volunteer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Assigned & Location