



North Dakota Workforce Safety & Insurance

VOLUNTEER ORGANIZATION COVERAGE EMPLOYER SERVICES / PHS DIVISION SFN 53065 (08/2014)

1600 EAST CENTURY AVENUE, SUITE 1 PO BOX 5585 BISMARCK ND 58506-5585 Telephone 1-800-777-5033 Toll Free Fax 1-888-786-8695 TTY (hearing impaired) 1-800-366-6888 Fraud and Safety Hotline 1-800-243-3331 www.WorkforceSafety.com

Name of Organization: Dakota College at Bottineau / Volunteer; Account Number: 1283982; Page 1 of 3; Address; City; State; Zip; E-Mail; Phone; Fax; Name of Authorized Agent; Address (if different from above)

It is understood and agreed that this writing constitutes a special CONTRACT between _____, an organization engaging the services of volunteers, hereinafter "insured," and Workforce Safety & Insurance, hereinafter "WSI."

Type of Activity

What activities does the organization engage in? _____

Will your organization have paid employees? [] Yes [] No (if your answer is yes, coverage for paid employees is mandatory under separate contract)

Describe specifically the work activity for which your organization desires volunteer workers' compensation coverage. _____

Membership

How many volunteers do you anticipate will work on the project? _____

Estimate the average number of hours per week each volunteer will work. _____

Is the work: [] Full-time [] Part-time [] Seasonal Will all volunteers participate in the same activities? [] Yes [] No

If your answer is no, please estimate what percentage of volunteers will engage in which kinds of work. _____

MEMBER LIST		
	Name	Social Security Number
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