



George Latimer
County Executive

John M. Nonna
County Attorney

Office of Risk Management
Kandy Davenport.
Director

VOLUNTEER INSURANCE FORM

Please print clearly

Name: _____
(Last) (First) (M.I.)

Full Address: _____

Telephone #: _____ E-mail: _____

Program Start Date: _____ Program End Date: _____

Work Location: _____

Description of duties: _____

-
- Is volunteer or intern acting in a managerial capacity **Yes/no** _____
 - Is volunteer or intern is offering their services as a licensed, pre-licensed professional, or vocational individual –e.g. doing a clinical. **Yes/no** _____
 - Is volunteer or intern paid under a W2 **Yes/no** _____

Supervisor of Volunteer: _____
(Name, Title and Dept.)

Department: _____ Supervisor Telephone: _____

Forward to: Risk Management 914 995 2740 rmou@westchestergov.com

