## Conditions of Volunteer Service

(Please send completed form to the Office of Risk Management)

As a volunteer working for the University of Oregon, you need to understand the extent to which you are covered by State of Oregon insurance for liability and personal injury/illness. Please read the following carefully and sign below.

### **Tort Liability**

You will be protected from civil liability for injuries or damage to the person or property of others, subject to the following general conditions:

- 1. You are working on a state agency task assigned by an authorized agency supervisor;
- 2. You limit your actions to the duties assigned; and
- 3. You perform your assigned tasks in good faith, and do not act in a manner that is reckless or with the intent to unlawfully inflict harm to others.

The conditions and limits of this protection are as stated in the Oregon Tort Claims Act, ORS 30.260-300, and Oregon Department of Administrative Services Risk Management Division Policy Manual, 125-7-202.

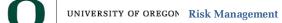
### **Motor Vehicle Liability**

If you use a personally owned vehicle in the course of your duties, you are required to have automobile liability insurance to provide your primary coverage for any accidents involving that vehicle. State provided auto liability coverage will apply on a limited basis only after your primary coverage limits have been used.

#### **Volunteer Injury Coverage**

**Worker's compensation is not provided.** However, the agency has an injury protection plan to cover injuries of authorized volunteers. It is limited to only injuries due to an accident while performing volunteer duties. The state will pay medical treatment bills, disability, death and dismemberment benefits to the limits and under the terms and conditions described in Oregon Department of Administrative Services Risk Management Division Policy Manual, 125-7-204. If you are injured in a private vehicle, the owner's insurance is responsible for your medical bills.

Name  Address  Telephone  Signature  Date  In case of emergency notify  Phone  Date	are injured in a	private verilcie, trie	owner a madrance is respon	Sible for your medical bil	13.	
Assigned Duties (describe below or attach additional sheet. Forms can't be accepted without this information)  Total Volunteer Hours Estimate total hours for this activity within this Fiscal Year (1 Jul - 30 Jun). Complete a new form each year for volunteer service that continues into the next FY, when volunteering for a different activity, or when duties change.)  HAVE READ AND UNDERSTAND THE ABOVE DUTIES AND CONDITIONS OF VOLUNTEER SERVICE. (Please Print)  Name			ccident or exposed to a pote	ntial liability situation whi	ile performing a	ssigned duties, you
Assigned Duties (describe below or attach additional sheet. Forms can't be accepted without this information)  Total Volunteer Hours Estimate total hours for this activity within this Fiscal Year (1 Jul - 30 Jun). Complete a new form each year for volunteer service that continues into the next FY, when volunteering for a different activity, or when duties change.)  HAVE READ AND UNDERSTAND THE ABOVE DUTIES AND CONDITIONS OF VOLUNTEER SERVICE. (Please Print)  Name	must inform				ment superviso	r) and the Office of
Total Volunteer Hours Estimate total hours for this activity within this Fiscal Year (1 Jul - 30 Jun).  Complete a new form each year for volunteer service that continues into the next FY, when volunteering for a different activity, or when duties change.)  I HAVE READ AND UNDERSTAND THE ABOVE DUTIES AND CONDITIONS OF VOLUNTEER SERVICE.  (Please Print)  Name  I.D. #  Address  Telephone  Signature  Date  In case of emergency notify  Phone	Risk Manageme	ent, (541) 346-202	1, within no more than 5 work	ing days.		
Complete a new form each year for volunteer service that continues into the next FY, when volunteering for a different activity, or when duties change.)  I HAVE READ AND UNDERSTAND THE ABOVE DUTIES AND CONDITIONS OF VOLUNTEER SERVICE.  (Please Print)  Name  I.D. #  Address  Telephone  Signature  In case of emergency notify  Phone  Supervisor Signature  Date	Assigned Dut	ties (describe beld	w or attach additional sheet.	Forms can't be accepte	d without this ir	nformation)
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Signature Date  In case of emergency notify Phone  Supervisor Signature Date	Name				I.D. #	
In case of emergency notify  Supervisor Signature  Date	Address				Telephone	
Supervisor Signature Date	Signature				Date	
	In case of emergency notify				Phone	
Department Name	Supervisor Signature				Date	
Department Name	Department Name				Telephone	
READ AND SIGN THE WAIVER AND RELEASE ON REVERSE		REAL	AND SIGN THE WAIVER	AND RELEASE ON REV	ERSE	



# Authorized State Volunteer Partial Waiver and Release of Rights Under the Oregon Tort Claims Act ORS 30.260-300

Name	one	
Street Address		
City	State	Zip
Oregon will provide limited medical and ac suffer injury due to an accident while perfo executors, administrators and assigns, rele claims for damage or injury, from any caus Oregon, and/or its officers, agents or empl	ng activities on behalf of the University of Oregon cidental death, dismemberment and disability comming volunteer duties. In exchange for the coverage and forever discharge the State of Oregon see of suit or action, known or unknown, that I may oyees, and from all liability under the Oregon To lith in any manner resulting from or arising out of	overage for me in the event I berage, I, for myself, my heirs, from any and all demands or y have against the State of our Claims Act, ORS 30.260-30
	ny rights I may have under the Oregon Tort Clai nand, claim, suit or action brought against me, or er activities.	
In the event that I am injured while perform injury coverage benefits.	ning state volunteer activities, I will notify my age	ncy supervisor and apply for
Signature:	Date:	
Please Read Carefully	ZIZATION FOR MEDICAL CARE AND CON	
	, as parent or legal guardian here	
In the event of an emergency, accident, or	to do volunteer work for the Univillense, I authorize the agency and its employee necessary, to secure emergency medical service onsible for payment.	s to administer emergency
My signature below hereby represei	nts that I have read, understand, and con	sent to this agreement.
Signature (Legal Guardian signature requ	uired if volunteer is under age 18 years)	Date

READ THE FRONT SIDE OF THIS DOCUMENT