

**STATE OF OREGON
CONDITIONS OF VOLUNTEER SERVICE**

As a volunteer working for a State of Oregon agency, 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 damages to the person or property of others, subject to all of 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
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 must 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

Workers' 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.

Reporting Responsibility

Any time you are involved in an accident or exposed to a potential liability situation while performing assigned duties, you must inform the DCBS Safety and Risk Program Coordinator as soon as possible.

Assigned Duties (Note if any document is attached or referred to for details.)

I HAVE READ AND UNDERSTAND THE ABOVE DUTIES AND CONDITIONS OF VOLUNTEER SERVICE.

Please Print Information

Name (Last, First, Middle Initial)	Telephone
Address	City, State, ZIP
Estimated beginning date of volunteer service	Estimated ending date of volunteer service
Signature	Date
In case of emergency, please notify (Name)	
Relationship	Telephone
Agency Supervisor	Division/Program
Title	Telephone

Form for Liability and Volunteer Injury Coverages

Revised 01/30/2017

READ AND SIGN THE WAIVER AND RELEASE ON REVERSE

**AUTHORIZED STATE VOLUNTEER
PARTIAL WAIVER AND RELEASE OF RIGHTS
UNDER THE OREGON TORT CLAIMS ACT
ORS 30.260-300**

READ CAREFULLY**(Please Print Information)****Name:** _____**Phone:** _____**Address:** _____**City/State:** _____**ZIP code:** _____

As an authorized state volunteer, performing activities on behalf of the State of Oregon, Department of Consumer and Business Services, I understand that the State of Oregon will provide limited medical and accidental death, dismemberment, and disability coverage for me in the event I suffer injury due to an accident while performing volunteer duties. In exchange for the coverage, I, for myself, my heirs, executors, administrators, and assigns, release and forever discharge the State of Oregon from any and all demands or claims for damage or injury, from any cause of suit or action, known or unknown, that I may have against the State of Oregon, and/or its officers, agents, or employees, and from all liability under the Oregon Tort Claims Act, ORS 30.260-300, for any and all harm or damage to my health in any manner resulting from or arising out of my state volunteer activities.

This release does not extend to or waive any rights I may have under the Oregon Tort Claims Act, ORS 30.260-300, to defense and indemnification from any demand, claim, suit, or action brought against me, or liability I may be subject to, or arising out of my authorized state volunteer activities.

In the event that I am injured while performing state volunteer activities, I will notify my agency supervisor and apply for injury coverage benefits.

Signature: _____ **Date:** _____**PARENT OR GUARDIAN'S AUTHORIZATION FOR MEDICAL CARE AND CONSENT TO AGREEMENT****READ CAREFULLY**

I, _____, as parent or legal guardian hereby grant permission for _____ to do volunteer work for the Department of Consumer and Business Services. In the event of an emergency, accident, or illness, I authorize the agency and its employees to administer emergency medical care to my child and/or, if deemed necessary, to secure emergency medical services and incur expenses for which I will be responsible for payment. **My signature below hereby represents that I have read, understand, and consent to this agreement.**

Signature: _____ **Date:** _____

(Legal guardian signature required if volunteer is under age 18 years.)

Read the Front Side of this Document

Reverse of Form for Liability and Volunteer Injury Coverage

Revised 01/30/2017