

**STATE OF OREGON**

**CONDITIONS OF VOLUNTEER SERVICE**

As a volunteer working in 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 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 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 (VIC)** - OSU, through the State of Oregon, has an injury protection plan to cover injuries of authorized volunteers secondarily to the volunteers' own insurance coverage.. 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 any accident or exposed to a potential liability situation while performing assigned duties, you must inform \_\_\_\_\_ (name and title of supervisor/department head) as soon as possible.

Volunteer Dates – (Start) \_\_\_\_\_

**Assigned Duties** (Attach a copy of the position description or list in detail the duties and responsibilities.)

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

Please Print

Name (Last, First, MI):	
Address:	Telephone:
Signature:	Date:
In case of emergency, please notify:	
Home Phone:	Work Phone:
Agency Supervisor:	Telephone:
Title:	Date:

**READ AND SIGN THE WAIVER AND RELEASE ON THE 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 (agency), 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:** \_\_\_\_\_

\_\_\_\_ I elect not to participate in the Volunteer Injury Coverage (VIC) program

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Read the Front Side of this Document**

**2002**

Reverse of form for Liability and Volunteer Injury Coverage