

Conditions of Service for Lane County Volunteers

As a volunteer you need to understand the extent to which you are covered for liability or personal injury while working for Lane County. 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 task for Lane County assigned by an authorized 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; and
4. You have a current Volunteer form on file with Risk Management.

The conditions and limits of this protection are as stated in the Oregon Tort Claims Act, ORS 30.260-300.

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. Lane County provided auto liability coverage may apply on a limited basis only after your primary coverage limits have been used. If you use a Lane County owned vehicle, you are covered by the County's Self-Insurance program.

Volunteer Injury Workers' Compensation Coverage is not provided. However, the County 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. If you are injured in a private vehicle, the owner's insurance is responsible for your medical bills. If the County should acquire Workers' Compensation Coverage, that coverage shall be primary.

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/title of supervisor) and Risk Management (541) 682-3971 or e-mail LCRISKMG@co.lane.or.us within no more than 5 working days.

Assigned Duties (*describe below or attach additional sheet. Forms can't be accepted without this information*)

--

Total Volunteer Hours _____ Estimated total hours for this activity within this fiscal year (1 July - 30 June). A new form must be completed each year for volunteer service that continues into the next fiscal year, 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 legibly:

Name	Signature
Address	Telephone
City, State, Zip	Date
In case of emergency notify	Emergency Contact Telephone
Supervisor Name	Supervisor Telephone/E-Mail
Supervisor Signature	Date

READ AND COMPLETE THE REVERSE SIDE OF THIS DOCUMENT

**Partial Waiver and Release of Rights
Under the Oregon Tort Claims Act
ORS 30.260-300**

Name _____ Phone _____

Street Address _____

City _____ State _____ Zip _____

Please Read Carefully

As an authorized volunteer of Lane County, I understand that the County 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 Lane County 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 Lane County, 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 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 volunteer activities.

In the event that I am injured while performing volunteer activities for Lane County, I will notify my supervisor and Risk Management and apply for injury coverage benefits.

Signature: _____ Date: _____

PARENT OR GUARDIAN'S AUTHORIZATION FOR MEDICAL CARE AND CONSENT TO AGREEMENT

Please Read Carefully

I, as parent or legal guardian hereby grant permission for _____, to perform volunteer work for Lane County.

In the event of an emergency, accident, or illness, I authorize Lane County 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 may be responsible for payment.

My signature below hereby represents that I have read, understand, and consent to this agreement.

Signature (Legal Guardian signature required if volunteer is under age 18 years)

Date

Printed Name

Telephone

*Please send completed form to Risk Management
County Administration, 125 E. 8th Avenue, Eugene OR 97401
Phone: 541-682-3971; Fax: 541-682-4616
E-Mail: LCRISKMG@co.lane.or.us*

READ AND COMPLETE THE REVERSE SIDE OF THIS DOCUMENT