

**2017 – 2018  
WESTERN OREGON UNIVERSITY  
VOLUNTEER AGREEMENT**

**VIC**

Volunteers wishing to participate in fulfilling Western's mission of service are covered by Volunteer Injury Coverage (VIC). All volunteers are subject to the following conditions:

**TORT LIABILITY**

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

- You are working on university assigned duties under the direction of a university supervisor;
- You limit your actions to the duties assigned;
- You perform your assigned duties in good faith without recklessness or intent to unlawfully inflict harm to others.

The conditions of tort liability protection are covered in the Oregon Tort Claims Act, ORS 30.260-300 and State Risk Management Policy Manual 125-7-202.

**VOLUNTEER INJURY COVERAGE - "ORDER OF COVERAGE"**

Volunteers are covered by a State Self-Insurance Coverage above their own medical insurance which covers injuries that occur while performing volunteer duties. Western will pay medical treatment bills, disability, and death and dismemberment subject to the limits described in Risk Management Policy 125-204. If you are injured in a private vehicle, the owner's insurance is responsible for your medical bills.

**MOTOR VEHICLE LIABILITY**

Personally owned vehicle insurance coverage is required when a private vehicle is used in the course of your duties. State Insurance will apply on a limited basis only after your primary limits have been used.

**REPORTING RESPONSIBILITIES**

If you are involved in an accident or have a liability exposure while performing assigned duties, you are to report this to your direct supervisor as soon as possible.

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

As an authorized state volunteer, performing activities on behalf of Western Oregon University, 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 duties.

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, 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.

**Volunteer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Parent  
or Guardian (if under 18):** \_\_\_\_\_ **Date:** \_\_\_\_\_



## VOLUNTEER INFORMATION FORM

Academic Year: 20\_\_ - 20\_\_

Department: \_\_\_\_\_

### VOLUNTEER INFORMATION

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

### SUPERVISOR INFORMATION

Supervisor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

### DESCRIPTION OF DUTIES

Please list a description of duties that may be assigned: *(To be completed by Supervisor)*

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Estimated total hours volunteer will perform service for this academic year: \_\_\_\_\_ hours

Volunteer's Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

*Persons who receive remuneration or class credit do not qualify for volunteer insurance coverage. A new volunteer form must be submitted each academic year. I have read and understood the above duties and the conditions of volunteer service.*

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

Signature of Parent  
or Guardian (if under 18): \_\_\_\_\_ Date: \_\_\_\_\_