

**COLLEGE OF VETERINARY MEDICINE**  
**OREGON STATE UNIVERSITY CONDITIONS OF VOLUNTEER SERVICE**

Name (Last, First, MI): \_\_\_\_\_

Telephone: \_\_\_\_\_

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

City, State ZIP: \_\_\_\_\_

As a volunteer working in at OSU, you need to understand the extent to which you are covered by the 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 in accordance with Oregon Insurance Requirements 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. You **MUST** possess a valid driver's license.

**Voluntary Injury Coverage (VIC).** OSU, through the State of Oregon, has an injury protection plan to cover injuries of authorized volunteers in excess of the volunteers' own insurance coverage (*i.e.*, personal medical insurance). It is limited to injuries due to an accident only 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 \_\_\_\_\_

**Volunteer Dates:** Start: \_\_\_\_\_ Approx hrs/week: \_\_\_\_\_ Purpose: \_\_\_\_\_

**Duties and Responsibilities** (If necessary, attach a copy of the job description or list in detail duties): \_\_\_\_\_

**I HAVE READ AND UNDERSTAND THE ABOVE DUTIES AND CONDITIONS OF VOLUNTEER SERVICE. I CERTIFY THAT ANY PERSONALLY-OWNED VEHICLE USED IN THE COURSE OF MY VOLUNTEER DUTIES IS INSURED IN ACCORDANCE WITH OREGON INSURANCE REQUIREMENTS.**

OSU ID #: \_\_\_\_\_ Valid Drivers License Number: State  Number:

Auto Insurance Company:

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

In case of emergency, please notify: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

Signature of Supervisor: \_\_\_\_\_ Print: \_\_\_\_\_ Date: \_\_\_\_\_

Department Head Signature: \_\_\_\_\_ Print: \_\_\_\_\_ Date: \_\_\_\_\_

**COLLEGE OF VETERINARY MEDICINE**

**READ AND SIGN THE WAIVER AND RELEASE**

**AUTHORIZED STATE VOLUNTEER**

**PARTIAL WAIVER AND RELEASE OF RIGHTS UNDER THE OREGON TORT CLAIMS ACT**

**ORS 30.260-300**

Name (Last, First, MI): \_\_\_\_\_

Telephone: \_\_\_\_\_

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

City, State ZIP: \_\_\_\_\_

**READ CAREFULLY**

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: \_\_\_\_\_

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

**READ CAREFULLY**

I, \_\_\_\_\_, as parent or legal guardian, hereby grant permission for \_\_\_\_\_ to do volunteer work for Oregon State University.

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.)

**ELECTION OF NON-COVERAGE:**

I ELECT NOT TO PARTICIPATE IN THE VOLUNTEER INJURY COVERAGE (VIC) PROGRAM.

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

**Read the all pages of this Document**

(Next page of form for Liability and Volunteer Injury Coverage)

## COLLEGE OF VETERINARY MEDICINE

VOLUNTEERS REV 2/06

All volunteers must sign a copy of the attached State of Oregon Conditions of Volunteer Service. This release explains the extent to which volunteers are covered by State of Oregon insurance for liability and personal injury/illness. The release must be used for all current and future volunteers serving your department. Retain a copy of the Conditions of Volunteer Service in your office for a minimum of two years. It will be asked for in the event there is a claim.

Please remember that volunteers are not eligible for workers' compensation insurance unless they are receiving gratuity remuneration. The chart below outlines which volunteers may be eligible for workers' compensation coverage.

Risk Management is the office that administers the OSU Volunteer Injury Coverage (VIC). Risk can be contacted at (541) 737-7252 or by e-mail at [risk@oregonstate.edu](mailto:risk@oregonstate.edu).

CLASSIFICATION	ELIGIBLE FOR W/C?	AVAILABLE INSURANCE COVERAGES
<b>Volunteer Class and Compensation</b>		
1. Acting on behalf of OSU: may be reimbursed for documented business expenses (mileage, room and board, etc.), but no payments for work performed. No gratuity remuneration, such as tickets, discounts or gifts, etc.	NO	Volunteer's own medical coverage is primary. Volunteer Injury Coverage is available with minimal limits as described in Oregon DAS Risk Division Policy Manual, 125-7-204 for no premium charge until a loss occurs. Volunteer must sign State of Oregon Conditions of Volunteer Service form prior to volunteer service beginning in order to activate coverage. Claims must be filed within 5 days from date of accident.
2. Acting on behalf of OSU: no payment for documented business expenses, but will receive gratuity remuneration in the form of tickets, discounts or gifts.	YES	Department follows SAIF assumed wage reporting procedure. Contact Payroll for information.
3. OSU Extension Service Volunteers	NO	Volunteer's own medical coverage is primary. Volunteer Injury Coverage is available with minimal limits as described in Oregon DAS Risk Division Policy Manual, 125-7-204 for no premium charge until a loss occurs. Volunteer must sign State of Oregon Conditions of Volunteer Service form prior to volunteer service beginning in order to activate coverage. Claims must be filed within 5 days from date of accident.