

**2019-2020  
WESTERN OREGON UNIVERSITY  
VOLUNTEER SERVICE FORM**

Volunteers wishing to participate in fulfilling Western's mission of service 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 the University's insurance program.

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

Volunteers are covered by an insurance program in which the University participates, 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, terms, and conditions of the insurance policy in place at the time of the injury. If you are injured in a private vehicle, the owner's insurance is responsible for your medical bills.

**VOLUNTEER INJURY COVERAGE - Non-VIC**

Volunteers who receive credit or outside remuneration for volunteering do not qualify for Volunteer Injury Coverage. It is the responsibility of the volunteer to provide whatever medical insurance is desired. Western Oregon University does not provide medical coverage for any kind of injury or illness incurred while performing Volunteer duties.

**MOTOR VEHICLE LIABILITY**

Personally owned vehicle insurance coverage is required when a private vehicle is used in the course of your duties. The University's insurance program 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 volunteer performing activities on behalf of Western Oregon University, I understand that the Western Oregon University Board of Trustees (Board), has procured insurance by and through the Public University Risk Management and Insurance Trust (PURMIT) that may 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 Board, the University, and PURMIT 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 Board, the University, PURMIT, 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 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 volunteer activities.

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

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

# VOLUNTEER WORKER DUTIES DESCRIPTION

**DEPARTMENT:** \_\_\_\_\_

The following are duties that volunteers may be assigned:

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(Estimated total hours volunteer will perform service for this fiscal year: ( \_\_\_\_\_ )

**Other specific duties not outlined above:** \_\_\_\_\_

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Volunteers Beginning Date \_\_\_\_\_

Volunteers Ending Date \_\_\_\_\_

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

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

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

Supervisor: \_\_\_\_\_

City/State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

In case of an emergency please notify: \_\_\_\_\_ Phone # \_\_\_\_\_

Persons who receive remuneration or class credit do not qualify for volunteer insurance coverage.  
**I have read and understood the above duties and conditions of volunteer service.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

(Original to be sent to Volunteer Coordinator in Human Resources Office)