

**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 Policy 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.

Medical/Disability Insurance

It is your responsibility to provide whatever personal medical insurance coverage you desire. The agency **does not** provide workers' compensation or medical insurance coverage of any kind for your injury or illness incurred on the job.

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 or title) as soon as possible.

Assigned Duties (Note if any document is attached or referred to for details)

See Attached Page

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

Please Print Information

Name (Last, First, M.I.)	Date
Address	Telephone
City, State, Zip	Signature
In case of emergency, please notify (NAME)	
Relationship	Telephone
Agency Supervisor	Telephone
Title	Date