



**OREGON PARKS AND RECREATION DEPARTMENT**

**VOLUNTEER SERVICE AGREEMENT & INSURANCE WAIVER**  
**for**  
**GROUPS**

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:** Volunteers will be protected from civil liability for injuries or damage to the person or property of others on the date/time(s) of the event \_\_\_\_\_ (start date/time) until \_\_\_\_\_ (end date/time), and 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.

**Volunteer-Owned Property:** If the volunteer chooses to use volunteer-owned property or equipment (for example: RVs, lawn mowers, golf carts) and it is damaged in the course of volunteer tasks, the State of Oregon is not liable for this damage. Use of this equipment is at the discretion of the Park Manager.

**Volunteer Injury Coverage: (Workers' Compensation is NOT provided).** However, the agency 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. 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 \_\_\_\_\_ (supervisor name) as soon as possible.

**Description of Assigned Duties (include description of equipment used and how it is to be used):** Please note if any document is attached or referred to for details or you may attach form 63400-2044a:

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**OPRD Staff: After event and before sending to Salem, please complete ALL the information below.**

<b>Event Supervisor Name - (OPRD Staff)</b>	<b>Park Telephone</b>	<b>Date</b>
<b>Park/Location</b>	<b>Title of Group Project (Use the same one you are using in the Hub)</b>	
<b>Project Hours (from/to)</b>	<b>Total # of Volunteers for this Project</b>	<b>Total # of Hours Combined</b>

**GROUP LEADER & VOLUNTEERS: Read, Complete and Sign the Back Side of this Document**

