



## University of Oregon Conditions of Volunteer Service

Provide a copy of completed form to: [riskmanagement@uoregon.edu](mailto:riskmanagement@uoregon.edu)

This document summarizes the volunteer duties you agree to provide to the University of Oregon and the conditions, assumption of risks and the extent to which your actions may be covered by University insurance. Please read the following carefully and sign page two if you accept the terms of this document.

**Duties:** If duties include working with minors, a background check is required through Human Resources.

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*You may attach a second sheet if you need additional space to note your duties.*

### Total Volunteer Hours

Estimate total hours for this activity within this fiscal year (1 Jul - 30 Jun). *Complete a new form each year for volunteer service that continues into the next fiscal year, when volunteering for a different activity, or when duties change.*

### General Conditions:

**Tort Liability.** Consistent with the Oregon Tort Claims Act, the University will generally indemnify and defend you against civil actions for injuries or damage to the person or property of others, subject to the following general conditions: (1) You are working on duties consistent with the duties outlined above that are assigned to you by an authorized University supervisor; (2) You limit your actions to the duties assigned; and (3) You perform your assigned duties in good faith, and your actions are not malfeasance or a willful or wanton neglect of duty, and you cooperate with the University's defense.

**Motor Vehicle Liability.** If you use a personally owned vehicle in the course of your duties, you must be a [certified University driver](#). You are required to have automobile liability insurance in accordance with Oregon law, which will be your primary coverage for any property damage or bodily injury(s) incurred involving that vehicle.

**Workers' Compensation Insurance.** Workers' compensation insurance is **not** provided for University Volunteers.

**Reporting.** Any time you are involved in any accident or exposed to a potential liability situation while performing assigned duties, you must inform your University supervisor as soon as possible. The supervisor should contact the Office of Risk Management at (541) 346-8316, within 24 hours.

**University Standards and Policies.** You understand and agree you must comply with University Policies, Procedures and required trainings (including the Code of Student Conduct, when applicable) and with any federal, state, city or other applicable laws or rules related to your assigned volunteer duties.

### Authorization and Assumption of Risks:

I acknowledge that I am volunteering and expect no monetary compensation unless I am officially hired as an employee of the University. I know, understand, and appreciate there may be risks associated with the volunteer activity, and I agree that my participation is voluntary and I knowingly assume all such risks. In consideration of being able to volunteer for the University and the University providing liability coverage as outlined above, I hereby release and fully discharge the University and its officers, employees, agents, trustees, volunteers, and assignees from any and all claims or causes of action that may be brought by me, including all liability for damage to personal property, personal injury or loss which may result from my participation in the activity, whether caused by negligence or otherwise, to the fullest extent permitted by law, including but not limited to claims under the Oregon Tort Claims Act, ORS 30.260-30.300.

I certify that there are no health-related reasons or problems that preclude or restrict my ability to volunteer for the University and complete the duties outlined above.

I understand that an emergency may develop which necessitates the administration of medical care. Therefore, in the event of injury or illness, I authorize the University to secure any appropriate treatment including the administration of an anesthetic and surgery. I understand that such treatment shall be solely at my expense. Notwithstanding this paragraph, I understand and agree that the University has no obligation to provide or seek out any medical treatment. I also authorize the University to contact the individual identified as an emergency contact in case of an emergency.

I declare that I am eighteen years of age or older,\* that I have read this entire agreement and understand the above provisions and that I agree to be bound by them.

**I understand that by signing this agreement I am releasing claims and giving up substantial rights, including my right to sue.**

<b>Volunteer Name</b>		<b>UO I.D. #</b>	
<b>Address</b>		<b>Telephone</b>	
<b>Signature</b>		<b>Date</b>	

<b>Supervisor and Dept.</b>		<b>Telephone</b>	
<b>Supervisor Signature</b>		<b>Date</b>	

**\*IF THE PARTICIPANT IS UNDER 18 YEARS OF AGE, A PARENT OR GUARDIAN MUST SIGN BELOW.**

NAME OF PARENT OR GUARDIAN (please print legibly): \_\_\_\_\_

PARENT OR GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Emergency Contact Name (please print legibly): \_\_\_\_\_

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

Relationship to Volunteer: \_\_\_\_\_