



City of Klamath Falls

CONDITIONS OF VOLUNTEER SERVICE

As a person working with the City, you need to understand the extent to which you are covered by City insurance for liability and personal injury or illness. Please read the following carefully, complete the information on the bottom of form and sign.

Tort Liability

The City will not provide protection from civil liability for injures or damage to the person or property of others arising out of volunteer service.

Personal Property

If you use personally own or rent property in the course of your volunteer duties, it is up to you to carry insurance on that property. This means the City will not pay the cost of repairs to such personal property.

Medical Injury or Illness

The City does not provide worker’s compensation coverage or medical insurance coverage for personal injury, accidents or illness.

Reporting Responsibility

Any time you are involved in any accident or exposed to a potential liability situation while performing assigned duties, you must inform the City as soon as possible.

Compensation/Benefits

As a volunteer, you are not considered an employee of the City and you will not be receiving any form of compensation or benefits, or other rights or privileges.

Authorized Waiver and Release of Rights

I have read and understand the above duties and conditions of volunteer services.

As an authorized volunteer performing activities on behalf of the City, I understand that the City does not provide Worker’s Compensation or other insurance coverage for me in the event I suffer injury due to an accident while performing volunteer duties.

In the event that I am injured while performing volunteer activities, I will notify the City.

Signature	Date
Signature of Guardian if Volunteer is under 18	Date

Volunteer Information

Volunteer Name (Last, First, M.I.)	Oregon Driver’s License #
Address	Phone Number:

Emergency Contact Information

Emergency Contact Name	Relationship
Phone Number:	Alternate Phone Number: