

CONDITIONS OF VOLUNTEER SERVICE



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180 Youth Outreach Board of Directors

833-988-4180

As a volunteer working at 180 Youth Outreach (180), you need to understand the extent to which you are covered by insurance for liability and personal injury or illness. Please read the following carefully and sign below.

TORT LIABILITY

180 will 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 a 180 task assigned by an authorized 180 supervisor;
2. You limit your actions to the duties assigned (defined in the assigned duties section below); and
3. You perform your assigned duties in good faith, and do not act in a manner that is reckless or with the intent to unlawfully inflict harm to others.

VOLUNTEER INJURY COVERAGE (VIC)

Worker's compensation coverage is not provided. However, 180 has an injury protection plan to cover injuries of authorized volunteers in excess of the volunteers' own insurance coverage (i.e., personal medical insurance). It is limited to injuries resulting from the volunteer acting within the course and scope of his/her assigned duties with a cap of \$15,000.

REPORTING RESPONSIBILITY

Any time you are involved in any accident or injury to person or property while performing assigned duties, you **MUST** inform your immediate supervisor as soon as possible.

WAIVER OF LIABILITY

As an authorized 180 volunteer, I understand that 180 will provide limited medical and accidental death, dismemberment and disability coverage for me in the event I suffer injury due to an accident while performing authorized volunteer duties. In exchange for the coverage, I, for myself, my heirs, executors, administrators and assigns, release and forever discharge 180 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 180 or its officers, agents or employees, and from all liability for any and all harm or damage to my health in any matter resulting from or arising out of my volunteer activities. This release does not extend to or waive any rights I may have under applicable state law to defense and indemnification from any demand, claim, suit or action brought against me, or liability I may be subject to, or arising out of my authorized volunteer activities.

SIGNATURE: _____ DATE: _____

Note: This form may only be used if ALL volunteers are performing the same volunteer activities identified in the “Job Description”.

Minors must have parental consent and must use the individual form.

I HAVE READ AND UNDERSTAND THE ABOVE CONDITIONS OF VOLUNTEER SERVICE AND WAIVER OF LIABILITY. I CERTIFY THAT ANY PERSONALLY OWNED VEHICLE USED IN THE COURSE OF MY VOLUNTEER DUTIES ARE INSURED IN ACCORDANCE WITH TENNESSEE INSURANCE REQUIREMENTS. I UNDERSTAND THAT IN ORDER TO RECEIVE THE PROTECTIONS SET FORTH IN THIS AGREEMENT, THE FOLLOWING MUST BE FILLED IN COMPLETELY AND APPROVED BY JOB DESCRIPTION:

Name:	Address:	Telephone:	Signature: