

**Southern Oregon University
Oregon State System of Higher Education
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 or OUS 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. If you are injured in a private vehicle, the owner's insurance is responsible for your medical bills.

Parking

If you need parking access on campus, bring a copy of this form to the Cashiers Window in Business Services, CH 150. Permits are available for a nominal fee.

Medical/Disability Insurance

Workers' compensation coverage is not provided, however we do have a limited plan to cover you for accidents that may occur while you are performing volunteer duties. The state will pay medical treatment bills, disability, death and dismemberment benefits to the limits and under the terms and conditions in Oregon Dept. Of Administrative Services Risk Management Division Policy Manual, 125-7-204.

Reporting Responsibility

Any time you are involved in any accident or exposed to a potential liability situation while performing assigned duties, you must inform: Beth Sunitsch, Contracts Officer, Southern Oregon University, or designee, as soon as possible. Assigned Duties: (Note if any document is attached or referred to for details)

I have read and understand the above duties and conditions of volunteer service. As an authorized State volunteer performing activities on behalf of the State of Oregon, Oregon University System, Southern Oregon University, I understand that the State of Oregon will provide limited medical and accident death, dismemberment and disability coverage for me in the event that I suffer injury during while performing volunteer duties. In exchange for the coverage, I, for myself, my heirs, executors, administrators and assigns, release and forever discharge the State of Oregon 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 the State of Oregon, and/or its officers, agents or employees, and from all liability under the Oregon Tort Claims Act, ORS 30.260-300, for any and all harm or damage to my health in any manner resulting from or arising out of my state volunteer activities. This release does not extend to or waive any rights I may have under the Oregon Tort Claims Act, ORS 30.260-300, 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 state volunteer activities.

SIGNATURE: _____ **DATE:** _____

NAME: (Last, First, MI) _____

ADDRESS: _____ **TELEPHONE:** _____

EMERGENCY NOTIFICATION: _____

SOUTHERN OREGON UNIVERSITY SUPERVISOR: _____

WORKSITE LOCATION: _____ **WORKSITE**

TELEPHONE: _____

VOLUNTEER INSURANCE COVERAGE (VIC)

Southern Oregon University has elected to provide volunteer insurance coverage for volunteers performing service to the institution. In order to be considered for this coverage, volunteers must:

- Hold volunteer status. As a volunteer you may not be a registered student, nor may you receive any payment for your activities, except for reimbursement for specific expenses.
- Sign a waiver indicating understanding the limits and exclusions of the coverage. This waiver may be obtained from your supervisor and must be forwarded to Business Services to activate the coverage.

Under VIC a *covered injury* is an injury to a covered volunteer that is caused directly and solely by an accident occurring during, and arising out of, the performance of official university business duties assigned to you. The *maximum amount* that may be paid to or for any person for all injuries from any covered accident is \$25,000. Further terms and conditions are listed below.

Medical Expense: We will pay up to \$10,000 for actual, reasonable and necessary medical expenses that are the direct result of a covered injury, and from no other cause. The expenses must be incurred in the 12 months following the covered accident.

Short-Term Disability: The short-term disability may be the result of a covered injury and no other cause. The disability must begin within 30 days of the accident and you must be medically unable to do the substantial and material duties of your customary household duties or type of work. The portion of the maximum amount remaining after payments or anticipated payments under "Medical Expense", shall pay for short-term disability. We will pay the following for short term disability as a direct result of a covered injury, and from no other cause:

- a) We will pay 70% of actual and reasonable short-term loss of income up to \$1,250 per month for up to 52 weeks. The loss of income must be due to medical disability caused by the covered injury. The disability must have continued to cause the loss of regular wages for at least 14 days after the covered injury.
- b) We will reimburse actual and reasonable limiting expenses that are caused by the covered injury and are excess of normal expenses up to \$30 per day for an unemployed person for up to 52 weeks. You must not usually be engaged in a remunerative occupation. Your disability must have continued to cause the need for services for at least 14 days after the covered injury.
- c) We will reimburse up to \$25 per day childcare benefit to a maximum of \$600 no matter the number of children. You must meet **all** of the following tests. The expenses must be necessary and caused by medical disability caused by the covered injury. You must be: A) the custodial parent or custodial legal guardian of a child under the age of 15 years; B) medically unable to do at all the substantial and material duties of your customary household duties or essential services; C) unable to do those duties due to medical disability caused by the covered injury; AND D) have been hospitalized for a minimum of 24 hours due to the covered injury.

Accidental Death, Dismemberment, and Disability: Permanent Total Disability must be the direct result of a covered injury and no other cause. Your disability must commence within 30 days of the accident. You must have been totally disabled for 12 straight months and then found to be permanently and totally disabled and remaining so after payment.

Order of Coverage: If any of the following coverages apply to a covered injury, they apply in the order shown here: 1) Your own group medical or group disability coverage; 2) any auto coverage provided by the state on its vehicles provided you or your insurance or self insurance; 3) any other applicable and collectible insurance that purports to be a primary coverage; 4) this VIC coverage. You may not double dip or choose among your coverages.

Exclusions: A number of exclusions apply, principally those arising out of a deviation from assigned duties, or from personal negligence, or from war, crime, suicide, disease, drug use, alcoholism, or from accident occurring in specific types of vehicles or transport, or from any injury which results in Worker=s Compensation Act benefits. Please contact Business Services for a complete list of exclusions.

Submitting a Claim: Notify Elizabeth Sunitsch, Contracts Officer, or designee of the date, time and nature of occurrence. Remember to qualify for coverage, a signed form must be on file in the Office of Business Services, **prior** to an occurrence of an event which may lead to a claim.

Notify: Elizabeth Sunitsch, Contracts Officer, Southern Oregon University, 1250 Siskiyou Boulevard, Ashland, Oregon, 97520; (541-552-6572) Phone; (541-552-6573) FAX;sunitsch@sou.edu E-MAIL.