

Eugene Police Department Volunteers in Policing Program



Insurance Information

Thank you for volunteering your time to the City of Eugene. We appreciate your willingness to contribute your time to our community and hope that this experience will be rewarding for you. While the City of Eugene has an excellent safety record for its volunteer programs, it is important that you understand the extent to which your volunteer activities are covered by the City's insurance.

<u>Medical Insurance</u> As a volunteer, you are <u>not</u> covered by the City's Workers Compensation program. You are, therefor, encouraged to have your own health insurance in the event you are injured while performing your volunteer duties. The City does provide excess medical insurance coverage up to \$2,500 per occurrence over and above any other existing insurance. (City of Eugene APPM Section 7-600)

<u>General Liability Insurance</u> As a volunteer for the City of Eugene while you are performing your assigned duties, you are considered to be acting as an agent for the City. Therefor you are covered by the City's self-insured general liability insurance program for any injury or damage to members of the general public resulting from your actions. (City of Eugene APPM Section 7-800)

<u>Automobile Liability Insurance</u> Before you will be authorized to drive a motor vehicle on behalf of the City of Eugene, your driving record must be reviewed and approved by Risk Services. Should you be asked to drive a City vehicle as part of your volunteer duties, you will be covered by the City's self-insured automobile liability insurance coverage. If you use your own vehicle to perform your assigned volunteer duties, you must carry your own automobile liability insurance for this purpose. The City will not assume responsibility for any damage to your personal vehicle. (City of Eugene APPM Section 7-330 to 7-335)

Reporting Requirements Any hazardous condition, injury or damage to you or members of the public should be reported to your supervisor as soon as reasonably possible.

I have read the insurance information above and understand that the City of Eugene provides limited secondary medical coverage for accidental injury if it is a direct result of my volunteer activities.	
Signature Dat	e
J	ve a parent or guardian sign below, acknowledging that they nteering, and that they have read this form.
Signature	Date