

LIABILITY CONDITIONS OF VOLUNTEER SERVICES MCLEAN COUNTY

As a person volunteering your time and services for a McLean County department you need to understand the extent to which you are covered by McLean County 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 you cause to other persons or their property, subject to the following general conditions:

1. You are volunteering your time and services for a County department task assigned by an authorized department head
2. You limit your actions to the duties assigned
3. You perform your assigned tasks in good faith, and do not act in a manner that is reckless or with the intent to inflict harm to others

The conditions and limits of this protection are specified in the McLean County Risk Management Manual.

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. County provided auto liability coverage will apply on a limited basis only after your primary limits have been used.

Medical/Disability Insurance - Limited accidental death and dismemberment, disability income and medical expense benefits are provided for injuries incurred while performing authorized volunteer duties. Benefits are excess of other valid and collectible insurance available to you from other sources.

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 department head as soon as possible.

Assigned Duties - _____

I HAVE READ AND UNDERSTAND THE ABOVE DUTIES AND CONDITIONS OF VOLUNTEER SERVICES AND I ACCEPT THE INSURANCE DESCRIBED HEREIN AND AGREE TO RELINQUISH ALL RIGHTS I MAY HAVE TO BRING A CIVIL ACTION AGAINST MCLEAN COUNTY FOR ANY PERSONAL INJURY OR DAMAGE I MAY RECEIVE IN PERFORMING MY ASSIGNED DUTIES.

Name	Phone
Address	
Signature	Date
Emergency Contact	Phone

Department Head: Lidia Navarra Phone: 309-888-5174

Title Activity & Volunteer Coordinator Date _____