



Volunteer Personal Liability and Insurance Coverage

1 Explanation of Coverage

It is important that Township of Langley volunteers understand the extent to which the Township provides insurance coverage for liability and personal injury/illness. Complete and sign the following prior to volunteering with the Township of Langley.

Personal Liability

You are 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 Township task assigned by an authorized supervisor.
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 unlawfully inflict harm to others.

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 primary coverage for any accidents involving that vehicle.

Volunteer Injury Coverage

Workers' compensation is not provided. The Township has Basic Contingent Accident Medical Coverage (reimbursement basis). If you are injured in a private vehicle, the owner's insurance is responsible for your medical bills.

Reporting Responsibility

If you are involved in an accident or exposed to a potential liability situation while performing assigned duties, you must inform your supervisor before the end of your current shift.

2 Volunteer Information

I have read and understand the above conditions of volunteer service.

Last name	First name	
Address		Postal code
Signature		Date (mm/dd/yy)

In case of emergency, please notify:

Last name	First name	
Home phone	Alternate phone	
Township supervisor name	Phone	
Title		

see reverse

3 Authorized Township of Langley Volunteer Partial Waiver and Release of Rights

Read carefully and complete the following:

Last name	First name
Phone	
Address	Postal code

As an authorized Township volunteer performing activities on behalf of the Corporation of the Township of Langley, I understand that the Corporation of the Township of Langley 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 volunteer duties. In exchange for the coverage, I, for myself, my heirs, executors, administrators, and assigns, release and forever discharge the Corporation of the Township of Langley 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 Corporation of the Township of Langley and/or its officers, agents, or employees, and from all liability, for any and all harm or damage to my health in any manner resulting from or arising out of my Township volunteer activities.

This release does not extend to or waive any rights I may have for Tort or Negligence or for 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 Township volunteer activities. In the event that I am injured while performing volunteer activities, I will notify my Township supervisor and apply for applicable injury coverage benefits.

Signature _____
Date (mm/dd/yy)

4 Parent or Guardian's Authorization for Medical Care and Consent to Agreement

Read carefully

I, _____, as parent or legal guardian hereby grant permission for _____ to do volunteer work for the Corporation of the Township of Langley. In the event of an emergency, accident, or illness, I authorize the Township and its employees to administer emergency medical care to my child and/or, if deemed necessary, to secure emergency medical services and incur expenses for which I will be responsible for payment. My signature below hereby represents that I have read, understand, and consent to this agreement.

Signature* _____
Date (mm/dd/yy)

*Legal guardian signature required if volunteer is under the age of 19 years.