



Extension

UNIVERSITY OF WISCONSIN-MADISON

## **CONDITIONS OF VOLUNTEER SERVICE**

Thank you for your interest in volunteering with the Division of Extension! This document outlines the conditions of your volunteer service, assumption of risk, and details about liability coverage. Please read carefully and sign this document to acknowledge that you read and understand these terms and conditions. If you have questions, do not hesitate to ask your Division of Extension supervisor or other staff involved in the volunteer recruiting process.

### **TORT LIABILITY**

Liability protection is provided to all officers, employees, and agents of the Division of Extension under Wisconsin Statute, Sections 893.82 and 895.46. Volunteers acting under the direction and control of the Division of Extension and for its benefit are considered agents and thus covered. These statutes authorize the State to pay claims based on the negligent acts of employees or agents or to defend employees or agents against allegations of negligence, which may have caused injury or property damage to others provided the employee or agent was acting within the scope of his/her responsibilities to the University. It is important to understand that for liability coverage to exist one must be acting within scope of agency, performing their assigned tasks, and not acting in a manner that is reckless or with the intent to unlawfully inflict harm to others. It is important that volunteers acknowledge mistakes that could lead to potential liability claims and report such incidents promptly to their immediate supervisor.

### **AUTOMOBILE LIABILITY**

If you use a personally owned vehicle in the course of your duties, you are required to have automobile liability insurance in accordance with Wisconsin law. Your personal insurance will provide your primary coverage for any accidents involving the personally owned vehicle you are driving. There is no property coverage provided by the State or University for personal automobiles. Division of Extension-provided automobile liability coverage may apply on a limited basis only after your primary coverage limits have been used and only where the indemnification conditions set forth above are applicable. You **MUST** possess a valid driver's license and be driver authorized through the University.

### **WORKERS' COMPENSATION INSURANCE**

Workers' compensation coverage is not provided for volunteers of the Division of Extension. Volunteers are advised to have personal health, accident, and related insurances in place at the time of volunteering and no such coverage is provided by Division of Extension or the State.

### **ASSUMPTION OF RISKS**

**I understand that not all risks can be foreseen and there are some risks that are unpredictable. I understand that certain inherent risks cannot be eliminated regardless of the care taken to avoid injuries. I am aware of the risks of volunteer participation, which include, but are not limited to, the possibility of physical injury, fatigue, bruises, contusions, broken bones, concussion, paralysis, and even death. I understand that the county and university have advised me to seek the advice of my physician before participating in a Division of Extension program. I understand that I have been advised to have health and accident insurance in effect and that no such coverage is provided for by the Division of Extension or the Board of Regents of the University of Wisconsin System. I know, understand, and appreciate the risks that are inherent in the above-listed programs and activities. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.**

Please note: if injured during the course of their volunteer work, volunteers would have the same legal rights as other citizens to seek compensation if the injury resulted from University negligence.



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**CONSENT FOR EMERGENCY TREATMENT**

I authorize the Division of Extension or the Board of Regents of the University of Wisconsin System and their designated representatives to consent, on my behalf, to any emergency medical/hospital care or treatment to be rendered upon the advice of any licensed physician. I agree to be responsible for all necessary charges incurred by any hospitalization or treatment rendered pursuant to this authorization.

**UNIVERSITY of WISCONSIN MADISON RULES AND REGULATIONS**

I will conduct myself in a manner that is considerate of other participants and in accordance with [University of Wisconsin-Madison](#) and [Division of Extension](#) rules and regulations and with any state, city, or other laws or rules that are applicable to the location where the activity is occurring.

**RECORDED MEDIA**

I recognize and acknowledge that the University may record my participation and appearance on any recorded medium including, but not limited to video, audio, photos (collectively, “recordings”) for use in any form (including, but not limited to print, websites, blogs, internet, and social media). I authorize such recording and release the University to use my name, likeness, voice, and biographical material to exhibit or distribute such recordings in whole or in part without restrictions or limitations for any educational or promotional purpose.

If you would like to opt out of this section, please request the Photo Opt-Out Release from your Division of Extension supervisor.

**REPORTING RESPONSIBILITY**

Any time I am involved in any accident or exposed to a potential liability situation while performing assigned duties, I WILL inform my Division of Extension supervisor as soon as possible. The supervisor MUST contact the UW-Madison and Division of Extension Claims Representative in Risk Management at 608.262.0375 within 24 hours.

**I HAVE READ AND UNDERSTAND THE ABOVE DUTIES AND CONDITIONS OF VOLUNTEER SERVICE.**

Volunteer Printed Name	County
Volunteer Signature	Date

\* Maintained at the Statewide Coordinator level and the volunteer receives a copy for their files.