

City of Billings Volunteer Consent Agreement

Thank you for volunteering your time, energy and talents to the City of Billings and our community. The following is meant to help you understand what kinds of insurance coverage you have and do not have, as a volunteer of the City as well as your responsibilities in adhering to assigned duties. It is also meant to help you understand what you are consenting to by signing this form.

1. As you perform duties within the course and scope of what is expected of you through volunteering for the City, you will be covered under the City's liability insurance. However, if you act and/or perform duties outside or contrary to the scope of your duties, you will not be covered by the City's liability insurance.
2. If you perform duties within the course and scope of volunteering, you will be covered under the City's worker's compensation insurance program. In order to be covered by workers compensation you will need to provide your social security number below.
3. As a volunteer you are not covered under the City's health insurance programs.
4. The City is not responsible for any lost, stolen or damaged personal property. We encourage you to keep your personal property safe at all times.

Again, thank you for volunteering for the City and our community. If you have any questions regarding the information above, please ask your volunteer coordinator contact person.

- I acknowledge that I have read, fully understand and accept the above provisions and I recognize that the City is relying on such acceptance in permitting participant to engage in the City's activities.
- I hereby consent to emergency medical treatment of participant to assure prompt treatment and prevention of undue delay, and I understand that such treatment may be provided by either a licensed physician or trained emergency care technician.
- I agree that the City may use, reproduce, disclose, and distribute participant's name and/or likeness for the purposes of marketing and advertising.

Printed Name

Social Security #

Signature (if under 18, parent or guarding signature required)

Date

Emergency Contact (Name & Phone #)

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