



Volunteer Coverage Application

Coverage Valid for year it was signed.

This application is to be completed by the department supervisor, with signatures from the volunteer before beginning work. If the volunteer is under age 18, the signature of a parent/guardian is also required in addition to the signature of the volunteer. Please retain a copy for your records and for audit reporting purposes. NOTE: This application is good for one calendar year. A new application must be completed each year for coverage to be in effect.

Department: _____

Volunteer Position/Title: _____

Volunteer Name (Required): _____

Today's Date (Required): _____

Please use formatting of mm/dd/yyyy

Supervisor should review the following with each volunteer:

Please check that all have been complete:

Please use the "Other" section to add additional comments and notes.

- Safety rules and enforcement procedure
- Proper use of tools and equipment
- Proper work shoes and other personal protective equipment
- Special hazards of assignment Department emergency procedures
- Other: _____

I certify that I have reviewed all of the above safety policies and procedures with the department supervisor and acknowledge receipt of a copy of this application.

Volunteer Signature: _____
(Required)

Parent Signature: _____
(Required For Volunteers Under 18)

Release and Waiver of Liability

The undersigned acknowledges and agrees as follows:

- A. The undersigned has offered to provide certain work or services to the Member and the status of the undersigned while performing such work or services is that of a non-statutory volunteer (hereinafter "volunteer").

- B. The volunteer is not considered an employee of the Member and is not entitled to any benefits under the Iowa Workers' Compensation Law for injury incurred while providing work or services regardless of the cause of the injury.
- C. The Member has purchased a limited amount of excess insurance to cover any medical expenses incurred by the volunteer as a result of injury incurred while the volunteer is providing such work or services, and the payment of these medical expenses is to be made in accordance with the terms of said policy.
- D. The volunteer specifically waives the right to any other benefits, reimbursements or damages as a result of injuries which the volunteer may incur while providing such work or services.
- E. The volunteer specifically releases, waives and covenants not to sue the Member and/or IMWCA for injury or death caused by the negligence of other volunteers or of officers, agent representatives, or employees of the Member which may occur while the volunteer is performing such work or services for the Member.

I agree that by participating in a City of Marion program or holding an event at any City of Marion facility, I will accept all responsibility and agree to hold harmless the City of Marion from any damages which may occur due to exposure to COVID-19 or any other infectious diseases as a result of my participation or event. I will comply with all current CDC guidelines relating to COVID-19, including but not limited to any restrictions relating to gatherings, group size restrictions, and social distancing protocols. This includes following program safety protocols or limiting the number of people at my event to ensure and encourage 6-feet of separation between people who are not from the same household. I further agree I will not participate in said program or hold said event if I, or anyone in my household, test positive for COVID-19, have a fever, cough, difficulty breathing, chills, body aches, sore throat, new loss of taste or smell, or have been exposed to anyone with the above symptoms within the 14 days leading up to the event.

The undersigned has read and voluntarily signs the release and waiver of liability and further agrees that no oral representations, statements or inducements apart from the foregoing written agreement have been made.

Volunteer Signature _____
(Required)

Parent Signature _____
(Required For Volunteers Under 18)

Date (Required): _____
Please use the formatting mm/dd/yyyy.

For Office Use Only

Department Supervisor's _____
Signature: