

MEMBERSHIP SERVICES

Nonstatutory Volunteer Coverage Application

This application is to be completed by the department supervisors for each volunteer before beginning work. A copy must be sent to IMWCA. Please retain a copy for your records.*

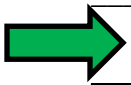
Date: _____

Entity name _____
 Volunteer name _____
 Social security number _____
 Volunteer assignment _____
 Date assigned _____
 Date completed _____

Supervisor should review the following with each volunteer:

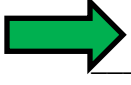
- Safety rules and enforcement procedure
- Proper use of tools and equipment
- Proper work shoes and other personal protective equipment
- Special hazards of assignment
- Department emergency procedures

Additional comments/notes _____



Department supervisor's signature **Date**

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's signature **Date**

Release and Waiver of Liability

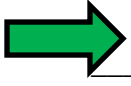
The undersigned acknowledges and agrees as follows:

- 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 nonstatutory volunteer (hereinafter "volunteer").
- B. The volunteer is not considered an employee of the Member and is not entitled to any benefits under the Iowa 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 coverage 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 the *Description of Benefits* set out in this application.

- 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, agents, representatives or employees of the Member which may occur while the volunteer is performing such work or services for the Member.

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



Volunteer's signature **Date**

*** DEPARTMENT SUPERVISOR: UPON COMPLETION, PLEASE RETURN THIS FORM TO HUMAN RESOURCES . HUMAN RESOURCES WILL BE RESPONSIBLE FOR FORWARDING A COPY TO IMWCA.**