

## Volunteer Insurance Program Volunteer Assignment Acknowledgment Form

**SECTION 1 – COUNTY DEPARTMENT INFORMATION** (The Department completes this section)

County Department Name: Community Action Partnership	Department Division/Office/Program: VITA Volunteer	Date:
Volunteer's Name:	Volunteer Assignment Title or Description: VITA Volunteer	
Volunteer Coordinator/Program Manager's Name: Andrea Alpine/Charles Clinton	Coordinator/Manager's Phone: 951-358-5255	Mail Stop #: 3320

**SECTION 1 - VOLUNTEER ACKNOWLEDGMENT** (The Volunteer Completes and signs this section)

As a volunteer, I acknowledge, understand and agree to the following:

- A “volunteer” means a person who performs authorized voluntary service to the County of Riverside, or a department, institution or agency thereof, without pay, for the benefit of the County and in aid of a recognized County purpose. A volunteer is not an employee and may be release at any time, without cause or reason, and without right of appeal.
- I may not volunteer while my ability to perform my duties is impaired due to alcohol or drug use. I may not use or possess controlled substances at any time or use alcohol while on duty or on County property. If taking medication which may affect my performance of duties, I must report this to the County department/agency's volunteer coordinator/program manager before beginning my assignment.
- I will not disclose at any time confidential information to which I have access during my assignment as a volunteer with the County of Riverside. This information includes, but is not limited to, medical records or files, vital records, and statistics. I will also strictly protect the confidentiality of all County employee/ personnel information to which I have access. I am required by State and /or Federal law to maintain confidentiality and that failure to uphold this requirement may result in immediate release.
- In the event of a volunteer assignment-related injury or illness, it is your responsibility to notify the volunteer assignment supervisor immediately. If the volunteer assignment supervisor is unavailable, I will contact the County department/agency's volunteer coordinator/program manager to report my volunteer assignment-related injury or illness.
- Prior to driving my personal vehicle or a County vehicle during volunteer assignment hours I must contact my volunteer assignment supervisor for approval. I will need to complete the “Authorization to Drive” form and also provide a current DMV printout, my unexpired drivers' license and proof of automobile insurance. While driving my own personal vehicle my auto insurance shall be primary while in the course and scope of my assignment with County of Riverside.
- My failure to report to a scheduled volunteer assignment without contacting my assignment supervisor may result in immediate release.
- I have also read and understand the information provided to me on the Volunteer Insurance Program. I understand the County of Riverside does not provide Workers' Compensation Insurance to volunteers.

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(CONTINUED)

- I understand the County of Riverside provides liability insurance while in the course and scope of the volunteer's activity/responsibility except, but not limited to, the following:
  - Willful, wanton acts.
  - Abuse, sexual abuse, assault and battery.
  - Acts/activities not within the course and scope of the volunteers' activities/responsibilities.
  
- I also understand that if I have further questions regarding the Volunteer Insurance Program, I may contact the Human Resources Department's Risk Management Division at (951) 955-3540.
  
- Additionally, I know that volunteers are to park their private vehicles in the Public Parking areas at all County Facilities and that the County of Riverside is not responsible for the payment of fines resulting from parking in County employee's parking spaces per the County of Riverside's Administrative Policy.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Volunteer Name Printed

\_\_\_\_\_  
Parent/Guardian Signature (for minor volunteers)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name Printed

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Witness Name Printed

**Please return signed form to:  
Community Action Partnership  
Attn: Andrea Alpine  
2038 Iowa Ave., Suite B-102  
Riverside, CA 92507  
Email: AAlpine@ruhealth.org**