



Visitor Services Volunteer Application

I. Personal Information

Date _____

Name _____

Address _____

City, State, Zip _____

Primary Contact # _____ Optional Contact # _____

E-Mail _____

II. Time Commitment & Volunteer Preferences

Why are you interested in volunteering for the Oregon State Capitol?

Please let us know the best days and hours of the week for you to volunteer:

	Monday	Tuesday	Wednesday	Thursday	Friday
AM					
PM					

Please check all boxes that apply to you:

I am interested in being a regularly scheduled volunteer

I am unable to make a regular time commitment, but I would like to volunteer for special projects in my interest area

I am interested in volunteering for special events

III. What Volunteer position(s) are you interested in?

Please circle your choice(s):

- A. Tour Guide (tours for school children & adults)
- B. Gift Shop (retail assistance)
- C. Kiosk (answer phones, provide information and assist visitors; assist staff in Visitor Services)
- D. Doorkeeper (assist visitors in the House and Senate galleries during the Legislative session)
- E. Special Events (Greet and assist visitors at various events)

For full descriptions of positions, including desired qualifications, please call the Volunteer Coordinator at (503) 986-1388. All positions are subject to availability. Some positions may require you to complete a release for background information form.

IV. Skills and Interest

- 1. Educational background _____
- 2. Current/Former occupation _____
- 3. Hobbies, skills, interests _____
- 4. Other volunteer experience _____

**Do you have any physical limitations that should be taken into consideration?
If so, please describe:**

V. Birthday:

We like to acknowledge volunteer birthdays.

Please provide month: _____ and day: _____

VI. Please Sign:

I certify that all answers to questions in this application and all additional information I may have submitted are true and complete to the best of my knowledge. I understand that as a volunteer I will perform my duties without compensation.

(Signature)

(Date)



LEGISLATIVE
ADMINISTRATION

Visitor Services

**AUTHORIZED LEGISLATIVE INTERN
PARTIAL WAIVER & RELEASE OF RIGHTS
UNDER THE OREGON TORT CLAIMS ACT
ORS 30.260-300**

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

HOME PHONE: _____

In case of emergency, please notify:

NAME: _____

HOME PHONE: _____ WORK PHONE: _____

**STATE OF OREGON
CONDITIONS OF VOLUNTEER SERVICE**

As a volunteer working in a State of Oregon agency, you need to understand the extent to which you are covered by State of Oregon insurance for liability and personal injury/illness. Please read the following carefully and sign below.

TORT LIABILITY: You will be protected from civil liability for injuries or damages to the person or property of others, subject to the following general conditions:

1. You are working on a state agency task assigned by an authorized agency supervisor;
2. You limit your actions to the duties assigned; and
3. You perform your assigned tasks in good faith, and do not act in a manner that is reckless or with the intent to unlawfully inflict harm to others.

The conditions and limits of this protection are as stated in the Oregon Tort Claims Act, ORS 30.260-300, and Oregon Department of Administrative Services Risk Management Division Policy Manual, 125-7-202.

MOTOR VEHICLE LIABILITY: If you use a personally owned vehicle in the course of your duties, you are required to have automobile liability insurance to provide your primary coverage for any accidents involving that vehicle. State provided auto liability coverage would apply on a limited basis only after your primary coverage limits have been used.

(See reverse side)

VOLUNTEER INJURY COVERAGE: Worker's compensation is not provided. However, the agency has an injury protection plan to cover injuries of authorized volunteers. It is limited to only injuries due to an accident while performing volunteer duties. The state will pay medical treatment bills, disability, and death and dismemberment benefits to the limits and under the terms and conditions described in Oregon Department of Administrative Services Risk Management Division Policy Manual, 125-7-204. If you are injured in a private vehicle, the owner's insurance is responsible for your medical bills.

REPORTING RESPONSIBILITY: Any time you are involved in any accident or exposed to a potential liability situation while performing assigned duties, you must inform *Employee Services-Legislative Administration* as soon as possible.

As authorized state volunteer performing activities on behalf of the State of Oregon Legislative Administration, I understand that the State of Oregon will provide limited medical and accidental death dismemberment and disability coverage for me in the event I suffer injury due to an accident while performing volunteer duties. In exchange for the coverage, I, for myself, my heirs, executors, administrators and assigns, release and forever discharge the State of Oregon from any and all demands or claims for damage or injury, from any cause of suit or action, known or unknown, that I may have against the State of Oregon and/or its officers, agents or employees, and from liability under the Oregon Tort Claims Act, ORS 30.260-300, for any and all harm or damage to my health in any manner resulting from or arising out of my state volunteer activities.

This release does not extend to or waive any rights I may have under the Oregon Tort Claims Act, ORS 30.260-300, to defense and indemnification from any demand, claim, suit or action brought against me, or liability I may be subject to, or arising out of my authorized state volunteer activities.

In the event that I am injured while performing state volunteer activities, I will notify my agency supervisor and apply for injury coverage benefits.

Signature: _____ Date: _____