

VOLUNTEER SERVICES AGREEMENT

Ottawa County (“County”), and _____ (“Volunteer”), an adult over the age of eighteen, residing at _____, Michigan, hereby enter into the following agreement regarding volunteer services.

I. COUNTY RESPONSIBILITIES

-To defend and indemnify the Volunteer against lawsuits against the Volunteer by clients alleging injury resulting from the simple negligence of the Volunteer. The County shall not be obligated to defend or indemnify the Volunteer against liability for intentional, grossly negligent or willful acts, or allegations thereof.

-To provide verification of volunteer services hereunder to prospective employers, institutions of higher education, etc.. Upon the request of the volunteer.

II. VOLUNTEER RESPONSIBILITIES

-To respect and protect client rights and to comply with policies and procedure regarding recipient rights.

-To assist clients in accordance with the specified goals and treatment as set by staff.

-To keep the Volunteer Services Coordinator (or respective supervisor) informed of interactions between the client and Volunteer.

-If the Volunteer is to utilize his or her automobile in the course of volunteer services to maintain automobile liability with limits not less than \$300,000 per accident, combined single limit, or \$300,000 per person and per accident for bodily injury and \$100,000 per accident for property damage, and to provide Michigan Personal Injury Protection and Michigan Property Protection Insurance as required by law.

-To contact the Volunteer Services Coordinator if any of the information provided on the Volunteer Services Application Form becomes inaccurate or could be updated.

III. VOLUNTEER ACKNOWLEDGMENTS

-I acknowledge that the information I provided on the Volunteer Application Form was true and accurate.

-I acknowledge that I am providing the services hereunder at my own risk and that I am not an employee of the County and am not entitled to any compensation or benefits from the

County, including but not limited to workers' compensation, medical insurance or unemployment compensation.

-I acknowledge that this is my complete agreement with the County and that it replaces any inconsistent understandings; and that it cannot be modified, amended or altered without an amendment signed by both parties below.

Volunteer

Date

Ottawa County

Date

Department: _____