

VOLUNTEERS AND INTERNS POLICY

POLICY

It is the policy of Black Hawk County to provide the attached Notice to volunteers and interns as the official policy of Black Hawk County with respect to insurance coverage for citizens who provide volunteer/intern services to Black Hawk County.

SCOPE

This policy applies to all individuals who volunteer or enter into an internship to assist Black Hawk County and any of its programs.

PROCEDURES/REQUIREMENTS

The attached Notice to volunteers/interns shall be provided to each person who assists Black Hawk County in any of its departments. It shall be the responsibility of the Director or Elected Official in charge of a department to provide the attached Notice to all volunteers/interns and obtain a signed copy prior to services being provided to Black Hawk County. The signed notice shall be kept on file for three years after the last date of service.

NOTICE

TO: ALL VOLUNTEERS AND INTERNS ASSISTING BLACK HAWK COUNTY

We wish to thank you for your generosity in providing volunteer or intern services to Black Hawk County. Your generosity and kindness are not only appreciated but are, in fact, needed by Black Hawk County to carry out its governmental duties.

We believe that it is important for you to know that as a volunteer/intern, you are not a County employee and, therefore, are not covered by the County's workers compensation insurance. Additionally, volunteers/interns are not eligible for medical, dental, or related insurance coverage. If you have questions regarding how this affects you and your work as a volunteer or intern for Black Hawk County, we recommend that you discuss those questions with your insurance carrier.

If you cause injury or property damage to another while assisting Black Hawk County, the County will step in and defend any claim against you or against the County as a result of the action. The County will not reimburse you for injury or damages to yourself occurring while you are assisting the County, unless you can establish that such injury or damage was a result of the County's negligence.

Please sign this Notice Receipt prior to beginning your volunteer/intern service with Black Hawk County. Your signature indicates that you have received this notice of non-coverage. If you have questions, you may want to discuss this Notice with your legal advisor or your insurance advisor prior to signing.

Again, we thank you for giving of your time and talents to benefit Black Hawk County and its programs.

BLACK HAWK COUNTY BOARD OF SUPERVISORS

_____ Departmental Representative
_____ Department
Black Hawk County

RECEIPT

Receipt of this Notice is hereby acknowledged by the undersigned volunteer/intern on this _____ day of _____, 20 ____.

Volunteer/Intern