



ADMINISTRATIVE PROCEDURES

TITLE: Volunteer Injury Coverage		PROCEDURE #: 514-A	
DEPT: Business Services		DIVISION: Risk Management	
EFFECTIVE DATE: 05/08	REVIEWED: 08/22	REVISED: 08/22	

OBJECTIVE: To establish procedures to guide departments and volunteers in reporting accidental injuries and making claims under the volunteer injury coverage.

REFERENCE: Policy 514

POLICY STATEMENT: Marion County under limited circumstances may provide accidental injury coverage to volunteers who are appointed in writing by a department for specified duties.

APPLICABILITY: Volunteer accident coverage applies to:

1. Volunteers registered with the Marion County volunteer coordinator while working under the direction and control of the supervising department
2. Sheriff’s office registered volunteers while working under the direction and control of the sheriff’s office

Volunteers in the following categories are covered under Marion County’s self-insured workers’ compensation benefits (see Policy 505):

1. Sheriff reserve deputies
2. Sheriff cadets
3. Sheriff search and rescue volunteers while under the direction and control of the sheriff’s office, including crew 18, jeep patrol, posse, search and rescue communications (SARCOM), special vehicle unit, northwest search dogs, and chuckwagon

PROCEDURES:

1. COVERAGE

- 1.1. Volunteer injury coverage is initiated by submitting a completed volunteer application form, proof of volunteer orientation, and a job description to the Marion County volunteer services coordinator or the sheriff’s office volunteer coordinator.
- 1.2. Coverage begins on the date the volunteer coordinator receives the completed volunteer application form, proof of volunteer orientation, and job description.
- 1.3. Only the volunteer named on the proof of volunteer orientation will be covered.

SUBJECT: VOLUNTEER INJURY COVERAGE

2. REPORTING INCIDENTS

All volunteer and client injuries must be reported within 24 hours to risk management on the Marion County Occupational Injury Report form. Both the supervisor and the injured volunteer must sign the form. The injured volunteer must cooperate with Marion County in providing information regarding his or her injury.

3. CLAIM FILING

The following documents must be completed and submitted to risk management:

- 3.1. Marion County Occupational Injury Report form
- 3.2. Volunteer's application and proof of orientation
- 3.3. Volunteer's job description
- 3.4. Volunteer Injury Compensation Request form (attached)

Only those volunteers who are covered by workers' compensation must submit an 801 form following the procedures outlined in Administrative Procedure 505-A, Injured Worker.

ATTACHMENT: Volunteer Injury Compensation Request form

Revised: 8/22 – BS: CCC

SUBJECT: VOLUNTEER INJURY COVERAGE

Volunteer Injury Compensation Request Form

Volunteer: Complete this form and return it to your supervisor.
Please attach a copy of your medical bill(s).

Last Name _____ SSN _____ - _____ - _____

First name _____ Middle initial _____

Date of birth _____

Home address _____

Home telephone _____ Work telephone _____

Type of injury (e.g. sprain, cut) _____

Date of injury _____

Department you were volunteering for _____

Compensation requested \$ _____

Name of the doctor who saw you _____

Date of doctor visit _____

Facility you received medical attention from _____

Name of your primary insurance _____

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