

VOLUNTEER AGREEMENT

Welcome to the Benton County Sheriff's Office! You can be proud of being accepted into volunteer service as we hold high standards for all members, both employees and volunteers. Toward that end, persons voluntarily performing non-compensated services for the Benton County Sheriff's Office are asked to carefully read and sign this Volunteer Agreement for Non-Compensated Services. Again, thank you for volunteering your skills, energy, and commitment in service to the community. We hope it will be a positive experience for you!

I, _____ (print name) agree to the provisions listed below in providing non-compensated, volunteer services to the Benton County Sheriff's Office (BCSO). This Agreement will be in effect for the duration of my volunteer services with the BCSO.

Personal Conduct: I acknowledge that as a volunteer with the Benton County Sheriff's Office, my actions reflect on the public image of the Office and I vow to conduct myself in an ethical and lawful manner both on and off duty. I will uphold the public trust, shall not use my position to gain favor or preferential treatment, and will avoid any real or perceived conflicts of interest.

Confidentiality: Much of the information encountered during volunteer service at the BCSO is sensitive and must remain confidential. I agree to respect confidential communication and not to discuss or disclose it to anyone outside of the Sheriff's Office or my Volunteer Unit.

Use of Vehicles: If my assignment includes driving a motor vehicle, I agree to abide by Benton County's Motor Pool and Fleet Policy. My signature below authorizes the BCSO to obtain a copy of my Oregon Department of Motor Vehicles Driving Record for the purpose of driving County vehicles. If I am authorized to drive my personal vehicle while performing BCSO volunteer duties, I affirm that I have and will maintain insurance coverage as required by the State of Oregon and that I understand that my private insurance is the primary insurance coverage for my personal vehicle, even when performing volunteer duties.

Waiver & Hold Harmless: I am fully aware that work associated with being a BCSO volunteer may involve certain risks of physical injury or death. I assume all risk of injury, damage, and harm arising from such activities or use of BCSO facilities. I release and hold harmless the BCSO, Benton County, its officials, employees, and agents and I waive any right of recovery that might bring a claim or lawsuit against them for any personal injury, death, or other consequences arising out of my volunteer activities. I understand that a limited amount of accident and injury insurance coverage and liability insurance may be provided by Benton County for volunteer members of the BCSO. I understand these apply only when performing duties within the scope of my volunteer service.

I understand that I am providing volunteer services to BCSO at the discretion of the Sheriff.

Volunteer Signature

date

BCSO Representative/Witness Signature

date

Benton County Sheriff's Office

180 NW 5th Street, Corvallis, OR 97330
541.766.6858 www.co.benton.or.us/sheriff

State Accredited since 2009



An important part of serving the residents of Benton County is letting them know what the Benton County Sheriff's Office (BCSO) does. We often do that through photos or videos depicting BCSO employees and volunteers on the job and interacting with residents. These visuals may be used in news releases, the BCSO website, Sheriff's Office social media outlets such as Facebook and Twitter, and other publications and presentations. Your permission to use your image – or the image of your minor child – helps us tell this story.

PHOTO/VIDEO RELEASE

I grant Benton County, its representatives and employees, the unrestricted right and permission to take photographs and/or video images of me or in which I may be included. This includes the recording of my voice.

I authorize Benton County, its assigns and transferees the right to copyright, use, edit, copy, alter, and/or publish the same in print and/or electronically. I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears.

I agree that Benton County may use such photographs or videos of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and web or social media content.

This agreement is binding upon me and my heirs, legal representatives, and assigns. I have read and understand the above:

SIGNATURE: _____ DATE: _____

PRINTED NAME: _____

ADDRESS: _____

IF UNDER 18-YEARS-OLD, PARENT OR LEGAL GUARDIAN MUST ALSO COMPLETE:

SIGNATURE: _____ DATE: _____
PARENT OR LEGAL GUARDIAN

PRINTED NAME: _____
PARENT OR LEGAL GUARDIAN

DUTY ♦ HONOR ♦ COURAGE