



## DEPARTMENT OF HEALTH AND ENVIRONMENT

1525 Blue Spruce Drive  
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### **LARIMER FIGHTS THE FLU: H1N1 (SWINE) FLU VACCINATION CLINICS**

### **VOLUNTEER SERVICE AGREEMENT**

The following information relates to insurance coverage for volunteers: The Volunteer Protection Act of 1997 and the Governmental Immunity Act provide protection that limits the liability of volunteers. Volunteers are covered by the Larimer County's liability insurance if they are acting within the scope and course of their assigned volunteer duties and their conduct is not willful or wanton. Worker's Compensation Insurance is not provided and volunteers are responsible for providing all of his/her insurance for personal injury.

I understand that I am not paid for my services and I am not covered by Larimer County's Worker's Compensation Insurance.

The Undersigned further acknowledges and agrees that the Larimer County Department of Health and Environment (LCDHE) does not assume any responsibility whatsoever for any property of the Undersigned and the Undersigned shall not hold the LCDHE liable for any loss or damage to same.

I also know that I may have access to privileged and confidential information and in compliance with the HIPAA Privacy Act, I further agree to hold in confidence all personal and protected health information I may overhear or come in contact with during and following the LCDHE vaccination clinic or other sponsored activity and I know that I will be held liable for divulging such information.

By completing and returning this form, I also grant the Larimer County Department of Health and Environment and its agents the right to use without payment of consideration of any kind, my picture, voice and other reproductions of my physical likeness in connection with advertising or publicizing LCDHE services and its activities in all forms of media in perpetuity.

Volunteer Name (please print): \_\_\_\_\_

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### **For youth under 18 years of age:**

Name of Guardian (please print): \_\_\_\_\_ Relationship: \_\_\_\_\_

Signature of Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

#### **In case of an emergency, please contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_