

Northern Nevada Public Health
Volunteer Assumption of All Risk

1. I, _____, hereby offer and agree to volunteer my services without compensation of any kind from Washoe County.
2. I understand and agree that I am not an employee of Washoe County while acting within the scope of this Agreement.
3. I understand and agree that I will be deemed to be as if I were a County employee for the purposes of NRS Chapter 41, and the Volunteer Protection Act of 1997, both of which protect me from liability for injury or damage to others caused by some acts done by me within the course and scope of my duties as assigned by my supervisor.
4. I understand and agree that to the extent that Chapter 41 of NRS and/or the Volunteer Protection Act do not legally require Washoe County to defend or indemnify me for my actions, that I am responsible for any such defense, damages or injuries including any defense of, or damages or injuries to, Washoe county or its employees which result from those actions which may include, but are not limited to, willful or criminal misconduct, gross negligence, reckless misconduct, or a conscious flagrant indifference to the rights or safety of the individual harmed by the volunteer; and for harm caused by the volunteer operating a motor vehicle, vessel, aircraft, or other vehicle for which the State requires the operator or the owner of the vehicle, craft, or vessel to possess an operator's license, or maintain insurance.
5. Initials _____ I certify that I am at least 18 years of age.
6. I am in good physical condition adequate to perform the duties for which I have volunteered, and I agree to tell my supervisor of any significant change in my health which would affect my ability to perform the duties for which I have volunteered.
7. I understand and agree that my position or duties may require me to undergo a background investigation, and that my failure to do so, or to pass the investigation, may preclude me from volunteering with Washoe County.
8. I understand and agree that I am not to operate a personal vehicle, in the performance of my volunteer duties, unless specifically authorized in writing, by the Department Head. I further understand and agree that I am not to operate a vehicle owned by Washoe County, unless specifically authorized by the Board of County Commissioners, as outlined in section 5.389 of the Washoe County Code.
9. I understand and agree that volunteering with the County is not a right, and that my volunteer services can be terminated at any time, for any reason, with or without notice.

Volunteer Signature

Date

Please print name

NNPH Medical Reserve Corps

Volunteer Code of Conduct

As a Washoe County Medical Reserve Corps volunteer, I will:

1. ***I will:*** Represent the Medical Reserve Corps of the Washoe County Health District with professionalism, dignity and pride, and be responsible for conducting myself with courtesy and appropriate behavior.
2. ***I will:*** Follow through and complete accepted tasks.
3. ***I will:*** Seek training for my volunteer role by participating in meetings, self-study, or other training opportunities.
4. ***I will:*** Display respect and courtesy for employees, other volunteers, program participants, visitors, clients and property.
5. ***I will:*** Respect the privacy of persons served by the organization and hold in confidence sensitive, private, and personal information.
6. ***I will:*** Keep NNPH MRC Coordinator informed of progress, concerns, and problems with opportunities in which I participate.
7. ***I will:*** Keep personal opinions and actions separate from those made as a representative of these organizations.
8. ***I will:*** Avoid conduct which would jeopardize program effectiveness.
9. ***I will:*** adhere to the NNPH appearance code when volunteering as a MRC.
10. ***I will:*** Direct requests for information regarding MRC activities or MRC responses to the NNPH MRC Coordinator and will not discuss any aspect of MRC activities or responses beyond my scope of authority.
11. ***I will:*** I understand that information regarding victims or others affected by an emergency or disaster is strictly confidential. These include names or other identifying issues. These people are protected from that information being released or disseminated under federal HIPPA laws.

And, as a volunteer, I will not:

12. ***I will not:*** Use vulgar or inappropriate language.
13. ***I will not:*** Solicit gratuities, gifts, or bequests for personal or professional benefit.
14. ***I will not:*** Use or be under the influence of illegal drugs while volunteering.
15. ***I will not:*** Consume or be under the influence of alcohol or consume tobacco while volunteering.
16. ***I will not:*** Discriminate on the basis of race, color, religion, sex, age, national origin, marital status or disability, and/or sexual orientation.
17. ***I will not:*** Tolerate verbal abuse of a resident, elected official, County or City employee, law enforcement personnel or any other agency personnel.
18. ***I will not:*** Publicly utilize any MRC affiliation in connection with the promotion of partisan politics, religious matters, or positions on any issue not in conformity with the official positions of the Citizen Corps.
19. ***I will not:*** Disclose any confidential MRC information that is available solely as a result of the volunteer's affiliation with the MRC to any person not authorized to receive such information, without the express authorization of the MRC.

Volunteer Signature

Date

Please print name