



St. Raphael Parish

**525 Dover Center Rd.
Bay Village, OH 44140
(440) 871-1100**

Effective September 1, 2015:

This form must be completed by any volunteer 18 years or older. A signed original must be on file at the St. Raphael Parish Office *prior* to any volunteer service for any parish ministry, whether on or off campus.

ACKNOWLEDGEMENT OF UNCOMPENSATED VOLUNTEER

I, _____, will offer my time and services as an uncompensated volunteer to ST. RAPHAEL PARISH .* I hereby acknowledge and state that I am not their employee, nor am I eligible for any compensation or benefits provided to an employee. As a volunteer, I recognize and acknowledge that I am not being compensated in any manner for services rendered. I further recognize and acknowledge that I am not provided with any form of workers' compensation or disability insurance coverage under the state of Ohio Workers' Compensation Fund or other similar insurance program.

I have been informed that the Diocesan Master Insurance Program maintains comprehensive general liability insurance, as well as directors and officers insurance, to protect me as an "insured" for my negligent actions covered under these policies (*only while acting in the scope of my defined responsibilities*) that may result in damage or injury to another person or persons. However, I acknowledge these policies will **not** protect me for criminal or intentional acts committed by me.

I further acknowledge, with regard to any personal vehicle driven by me as a volunteer, that in the event of an accident, there is no coverage afforded to me through the Diocesan Master Insurance Program for physical damage sustained to any vehicle involved or liability incurred by me while operating my vehicle.

Further I recognize and acknowledge there is medical payments coverage available to me, in an amount up to One Thousand Dollars (\$1,000.00) per occurrence, to compensate me for expenses I incur from deductibles, co-payments prescription drugs, or medical services not covered through my own health insurance provider for any injury I sustain as a result of performing my services.

I freely execute this Acknowledgement with full knowledge of its content and complete understanding of my status and rights, as an uncompensated volunteer this _____ day of _____, 20_____.

Signed _____
Volunteer

*Must be a parish or institution participating in the D.I.S.C. Master Insurance Program.