# City of Tualatin
# Volunteer Resolution

**Resolution No.:**      5456-19

**Effective Date:**      07/01/2019

A resolution extending workers' compensation coverage to volunteers of the City of Tualatin in which the City of Tualatin elects the following:

Pursuant to ORS 656.031, workers' compensation coverage will be provided to the classes of volunteers listed in this resolution, noted on SAIF payroll schedule, and verified at audit:

1.  **Public Safety Volunteers**

**Applicable __X__ Non-applicable _____**

An assumed monthly wage of ***$800 per month*** will be used for public safety volunteers in the following volunteer positions (check all that apply):

X   Police reserve
☐ Search and rescue
☐ Firefighter
☐ Emergency medical personnel
☐ Ambulance drivers
☐ Other *[List specifically by title]*

2.  **Volunteer boards, commissions, and councils for the performance of administrative duties.**

**Applicable __X__ Non-applicable _____**

a.  An aggregate assumed <u>annual</u> wage of $2,500 will be used per each volunteer board, commission, or council for the performance of administrative duties. The covered bodies are (list each body):
    a.  Tualatin City Council
    b.  Tualatin Planning Commission
    c.  Tualatin Budget Advisory Committee
    d.  Tualatin Urban Renewal Advisory Committee
    e.  Tualatin Architectural Review Board
    f.  Tualatin Library Advisory Committee

g. Tualatin Parks Advisory Committee
h. Tualatin Arts Advisory Committee
i. Juanita Pohl Center Advisory Committee

## 3. Manual labor by elected officials.

**Applicable __X___ Non-applicable _____**

An assumed monthly wage of $800 per month will be used for public officials for the performance of non-administrative duties other than those covered in paragraph 2 above

## 4. Non-public safety volunteers

**Applicable __X__ Non-applicable _____**

All non-public safety volunteers listed below will track their hours and Oregon minimum wage will serve as assumed wage for both premium and benefits calculations. SAIF will assign the appropriate classification code according to the type of volunteer work being performed. (List specific non-public safety volunteers below)

X Parks and recreation
X Senior center
X Public works
X Library
X Juanita Pohl Center
X Operations
X Police
X Community Development
X Finance
X Administration
X Legal
X Information Services

## 5. Public Events

**Applicable __X__ Non-applicable _____**

Volunteers at the following public events will be covered under workers' compensation coverage using verified hourly Oregon minimum wage as basis for premium and/or benefit calculation: (List specific events)

a. MLK Make it a Day On
b. Arbor Week
c. Blender Dash
d. Viva Tualatin
e. West Coast Giant Pumpkin Regatta

  f. Tualatin Youth Advisory Council Haunted House
  g. Starry Nights and Holiday Lights

## 6. Community Service Volunteers/Inmates

**Applicable _____ Non-applicable \_\_X\_\_**

Pursuant to ORS 656.041, workers' compensation coverage will be provided to community service volunteers commuting their sentences by performing work authorized by [ENTITY NAME].

Oregon minimum wage tracked hourly will be used for both premium and benefit calculations, verifiable by providing a copy of the roster and/or sentencing agreement from the court.

## 7. Other Volunteers

Volunteer exposures not addressed here will have workers' compensation coverage if, prior to the onset of the work provided that the City of Tualatin:

  a. Provides at least two weeks' advance written notice to SAIF underwriting requesting the coverage
  b. SAIF approves the coverage and date of coverage
  c. SAIF provides written confirmation of coverage

**The City of Tualatin agrees to maintain verifiable rosters for all volunteers including volunteer name, date of service, and hours of service and make them available at the time of a claim or audit to verify coverage.**

Now, therefore, be it resolved by the City Council of the City of Tualatin, Oregon to provide workers' compensation coverage as indicated above.

Adopted by the **City of Tualatin and the City Council** this 24 day of June, 2019.


*Please see the original Resolution for signatures/authority.*

_____ _____ _____
Signature of Authorized Representative  Printed Name      Title


Attest by _____ this \_\_\_\_\_ day of _____, 20\_\_\_.
    Printed Name


_____ _____
Signature                   Title