



Haldimand
County

Community Partnership Program

Volunteer Insurance Coverage Acknowledgement

Project Name: _____

Project Location: _____

As a volunteer for Haldimand County, you have the right to know that you are covered under the County's liability policy for those activities you perform as a part of the project to be undertaken.

This liability policy protects the Corporation and the volunteer against claims brought against them by third parties. It does not, however, cover loss or damage to a volunteer's property. Similarly the County does not provide coverage for personal injuries that may occur to volunteers while undertaking their activities, either through the policies of the Corporation or through Workplace Safety and Insurance Board provisions. The volunteer must ensure their personal safety through provision of appropriate safety equipment where required.

I have read and understand the insurance provisions as outlined above:

Name: _____
(please print)

Signature: _____ Date: _____