

Volunteers/Board Members General Program Requirement

Program Requirements

The Risk Management Division has successfully negotiated Workers' Compensation insurance coverage on a blanket basis for all State of Nevada volunteers as defined in Nevada Revised Statutes Chapters 616A to 616D for Calendar year 2017 (January 1-December 31, 2017). **THIS BLANKET COVERAGE EXCLUDES ALL INMATE VOLUNTEERS.** This includes volunteers, interns, civil air patrol, court appointed workers, social work interns, Board/Commission members (non-paid), Legislators (when in non-paid status), vocations rehabilitation trainees, volunteers at mental health institutions, and federal training program participants/trainees.

The procedures to request coverage for volunteers or reporting volunteers remain unchanged, with one exception, your agency will no longer be required to pay premiums for this insurance coverage. To setup an account for volunteer/Board Members reporting, Risk Management Division has 3 documents to be completed by the agency representative. (1) A Volunteer application form. (2) A short job description of the duties to be performed by the volunteer, intern, or Board Member. (3) The Memorandum of Understanding, which is a contractual agreement for use between the State of Nevada and volunteers or interns in service to the State. When the documents have been completed, please send the Volunteer Application and job description to Risk Management as soon as possible to ensure your volunteers, interns, or Board Members are covered. The Memorandum of Understanding must be maintained with the agency.

In order to ensure your agency's volunteers are covered should they be injured while volunteering, Risk Management will continue to send out, **on a quarterly basis**, a request for the number of volunteers that **must** be completed on the Workers Compensation Volunteer Worksheet and returned to Risk Management as well as a roster containing the names of the volunteers and the appropriate budget account number. **PLEASE NOTE: If volunteers, intern or Board Members report to you at any time during the quarter, reporting's are due for all three (3) months of that quarter.**

If an injury occurs, Cannon Cochran Management Services, Inc. (CCMSI) will request a copy of the volunteer/Board Member roster, the description of duties and the Memorandum of Understanding, to determine claim coverage. If the individual is not listed on a roster or the agency does not provide the description of duties or the Memorandum of Understanding, the State may be liable for an uninsured claim. The rosters and volunteer calculator (worksheet) are subject to annual audits.

The procedures for reporting for inmate laborer has not changed. Please complete the Workers Compensation Volunteer Calculator (worksheet) and return it to Risk Management accompanied with the inmate roster and a billing claim for the amount of premiums due.

Your agency representative can either fax or return all documents to:

Risk Management Division
201 South Roop Street, Suite 201
Carson City, Nevada 89701

Phone: 775-687-1750 Fax: 775-687-3195