

**STATEMENT OF UNDERSTANDING BETWEEN DHS AND THE
DOMESTIC AND SEXUAL VIOLENCE FUND ADVISORY
SUBCOMMITTEE MEMBERS**

1. DHS Children, Adults and Families recognizes Advisory Committee Members and Subcommittee Members as "agents" of the State under CAF's direction for the purpose of tort liability coverage. You will be protected from civil liability for injuries or damage to the person or property of others, subject to the following general conditions:

- A.) You are working on a committee task assigned by the CAF staff coordinator or Advisory Committee or listed in the job description;
- B.) You limit your actions to the duties assigned; and
- C.) You perform your assigned tasks in good faith, and do not act in a manner that is reckless or with the intent to inflict harm to others.

The conditions and limits of the protection are as stated in the Oregon Tort Claims Act, ORS 30.260 to .300, and the Oregon Department of Administrative Services, Risk Management Division, Policy Manual #125-7-201. This coverage additionally applies to you while riding in state owned vehicles. If you use a personally owned vehicle in the course of your assigned duties, you are required to have automobile liability insurance to provide your primary coverage for any accidents involving that vehicle. State provided auto liability coverage will apply on a limited basis only after your primary coverage limits have been used up. If Advisory Committee business is combined with other personal business or activities for your primary employer, state coverage is not guaranteed.

2. Advisory Committee Members and/or Subcommittee Members employed by other agencies, either governmental or private, non-profit, are assumed to be serving with the permission of their agency and would be covered by their employer's Worker's Compensation.

3. Advisory Committee Members and/or Subcommittee Members will not receive financial compensation from the Domestic Violence Fund for their time. However, they will be reimbursed travel expenses and mileage in accordance with CAF policy.

(Signature of Member)

Date

(Staff signature)

Date