

Insurance Provisions for Volunteers

Date: [Insert Date]

To: [Volunteer Name]

[Volunteer Address]

Dear [Volunteer Name],

We are thrilled to have you on board as a volunteer with [Organization Name]. As a valued member of our team, we want to ensure that you are informed about the insurance provisions that apply during your volunteering activities.

1. Coverage:

During your volunteer work, you will be covered under [specify type of insurance, e.g., general liability, workers' compensation] for any incidents that may occur while performing your duties.

2. Exclusions:

Please be aware that coverage does not extend to [list any exclusions, e.g., personal injuries unrelated to volunteer work, activities outside the scope of your volunteer role].

3. Reporting Incidents:

In the event of an incident or injury, please report it immediately to your supervisor or [contact name], so that we can provide appropriate assistance and documentation.

We appreciate your commitment to [Organization Name] and are here to support you. If you have any questions regarding this insurance provision or your volunteer role, please do not hesitate to reach out.

Thank you for your dedication and service.

Sincerely,

[Your Name]

[Your Title]

[Organization Name]

[Contact Information]