



# CITY OF CHELAN

## AGREEMENT FOR INDIVIDUAL VOLUNTEER SERVICE

**PURPOSE:** The purpose of this Agreement is to outline the responsibilities of the City of Chelan in providing volunteer opportunities, and to create an understanding between the City and the volunteer. This Agreement shall apply to persons voluntarily performing non-compensated services for the City.

Volunteer Name: First, Middle Initial, Last (Please Print)	Home Phone (with area code):	Date of Birth (DOB) ____ / ____ / ____
Parent/Guardian (if under 18) Name (Please Print)	Cell Phone (with area code):	
Address	Work Phone (with area code):	Emergency Contact:
City, State, Zip	Email:	Emergency Contact Phone:

**AGREEMENT FOR NON-COMPENSATED SERVICES:** I hereby volunteer my services to the City of Chelan. The Volunteer agrees to abide by all relevant City policies and procedures and to perform the volunteer services in a safe, responsible manner in accordance with the descriptions of service.

It is further understood that this Agreement shall not in any way constitute nor create an employer/employee relationship between the City and the Volunteer. The City shall not be responsible for, or liable for, nor shall the applicant be eligible to receive, any compensation or benefits as a result of this Agreement EXCEPT for State Labor and Industries Industrial Insurance medical aid coverage.

I further understand that: *(Please initial each of the following)*

- \_\_\_\_\_ I am not to appear for volunteer service under the influence of any illegal drugs, alcohol or prescription drugs not prescribed to me. I agree to inform the supervisor at the beginning of the shift if taking any over-the-counter or prescription medications which may impair the ability to perform volunteer duties.
- \_\_\_\_\_ I agree not to go beyond the scope of volunteer work agreed to without authorization.
- \_\_\_\_\_ I am to be trained on any activity that I am unfamiliar with, learn the corresponding policies, and it is my responsibility to understand them completely or ask questions until I feel confident to perform them.
- \_\_\_\_\_ It is my responsibility to inform supervising staff on any volunteer activity if I need special accommodations, have a medical condition or life-threatening allergies that may impact volunteer tasks.
- \_\_\_\_\_ I hereby identify that I am capable of performing duties without accommodation, or with the following accommodation(s): \_\_\_\_\_.
- \_\_\_\_\_ If I find anything hazardous or suspected to be hazardous, I shall not touch it, but shall notify supervising staff as soon as possible. I shall not pick-up syringes, broken glass or other sharp materials, or exceptionally large, heavy objects.
- \_\_\_\_\_ I understand that I am to report any on-the-job injury or illness, no matter how minor, to my supervisor. I authorize emergency medical care if it should become necessary.
- \_\_\_\_\_ Should an injury occur during the scope of my service the City has included my hours of volunteer service in the State Labor and Industries coverage for volunteer workers. I am responsible for recording and reporting my hours to the City.
- \_\_\_\_\_ Volunteer service may involve difficult conditions, uneven terrain, unanticipated natural hazards, use of equipment, and/or strenuous manual labor and I am dressed appropriately for this.

***(Continued on reverse)***

- \_\_\_\_\_ I grant full permission to use any photographs, videotapes, motion pictures or recordings for publicity purposes by the City.
- \_\_\_\_\_ I will abide by all City policies regarding personal conduct while performing volunteer services.
- \_\_\_\_\_ I will read the Volunteer Program Personnel Manual

**BACKGROUND CHECKS:** I consent to the City performing a background check into my history in accordance with RCW 43.43.830–839 and waive any right of privacy I may have in such information for the limited purpose of the City considering it for determining my suitability as a volunteer. (To be used for volunteers who will have unsupervised access to children, developmentally disabled persons, or vulnerable adults or who will be working with confidential information.) [Your full legal name and birth date are required to perform this background check.]

**TERMINATION:** I understand that I or the City may terminate this agreement at any time without cause, and that I am volunteering my services at will and may be asked to discontinue such without prior notice or reason.

**WAIVER & HOLD HARMLESS:** I am fully aware that the work associated with being a City Volunteer involves certain risks of physical injury or death. Being fully informed as to these risks and in consideration of my being allowed to participate in the City’s Volunteer Program, I hereby assume all risk of injury, damage and harm to myself arising from such activities or use of City facilities. I also hereby individually and on behalf of my heirs, executors and assignees, release and hold harmless the City, its officials, employees and agents and waive any right of recovery that I might have to bring a claim or a lawsuit against them for any personal injury, death or other consequences occurring to me arising out of my volunteer activities.

**LIABILITY COVERAGE:** I understand that the City is self-insured through the Washington Cities Insurance Authority (WCIA) for liability coverage. Volunteers performing within the scope of their assigned duties as authorized by the City are afforded the same coverage as City employees under the City’s liability coverage with WCIA. I am fully aware that a volunteer’s intentional misconduct is not protected or covered by the City or WCIA.

**This agreement will be in effect for the duration of my volunteer services beginning this date.**

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Volunteer's Signature

\_\_\_\_\_  
Signature of Parent or Guardian  
(if volunteer is less than 18 years old)

Youth under 18 must have this form and the accompanying Youth Waiver on the next page filled out & signed by a parent or guardian. Minors under the age of 14 years must be accompanied by an adult. Minors without signed release forms will not be permitted to participate in any activities.

*For Office Use Only*

Form Checked by: \_\_\_\_\_ Date: \_\_\_\_\_

## Youth Waiver

### ASSUMPTION OF RISK AND RELEASE OF LIABILITY – PLEASE READ CAREFULLY

As the parent or guardian of the minor identified above ("My Child"), and in consideration of My Child's opportunity to serve as a City of Chelan volunteer ("the Service"), I hereby agree to ASSUME THE RISKS OF PROPERTY DAMAGE, INJURY, ILLNESS, OR DEATH in any way associated with My Child's participation in the Service. I agree to RELEASE, DEFEND, INDEMNIFY, AND HOLD HARMLESS the City of Chelan, its officials, employees, agents, and volunteers from any and all rights and claims for damages, including attorney fees, whether known or unknown, foreseen or unforeseen, and arising from or in any way connected with My Child's participation in, or transportation to or from, any activity, work, or work site in any way related to the Service.

Labor and Industries does not cover those under the age of 14. Therefore, if your child is under the age of 14 and is injured while volunteering, the City of Chelan will NOT provide insurance coverage, and, if applicable, your own personal medical insurance may apply.

### MEDICAL CARE AUTHORIZATION

I will attest that My Child named below is in good health on the dates he/she is volunteering. In case of medical emergency, after every reasonable effort has been made to contact the above named emergency contact, I hereby give my permission to the physician or emergency responders secured by the adult in charge of the volunteer activities to secure treatment for and to hospitalize, order injection, anesthesia or surgery for My Child. In the event any such treatment is not covered by insurance applicable to the activities, I will pay the expenses incurred in such emergency treatment.

### PARENT/GUARDIAN RESPONSIBILITY

I will take the responsibility to see that My Child is properly prepared for all activities including: having the proper clothing and equipment, and being in good health. I will inform the supervising adults of any particular physical, mental, social or other condition of My Child of which the supervisor should be aware.

By signing this **ASSUMPTION OF RISK AND WAIVER OF LIABILITY** on behalf of a My Child, I hereby acknowledge that I have read, understand, and agree to the above conditions on my own behalf and on behalf of My Child:

Print Name of Parent/Guardian: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*For Office Use Only*

Form Checked by: \_\_\_\_\_ Date: \_\_\_\_\_