

Agreement for Individual Volunteer Services

This agreement is made, by and between the City of Gold Bar, a political subdivision of the State of Washington, hereinafter referred to as the "City" and _____ herein after referred to as the "Volunteer."

PURPOSE: The purpose of this Agreement is to outline the responsibilities of the City 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, including but not limited to, practical work experience, recreational programs, senior programs, police resource centers, and academic internships. The volunteer services to be performed include, but are not limited to:

- Grounds and facility Maintenance support
- Weather related preventative support (sand bagging, snow removal and assistance to staff)
- Community events support

AGREEMENT FOR NON-COMPENSATED SERVICES: 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, nor liable for, nor shall the applicant be eligible to receive, any compensation or benefits as a result of the Agreement **EXCEPT** for State Labor and Industries Industrial Insurance medical aid coverage.

In consideration of the City giving me permission to perform these volunteer services, I understand that: *(Please initial the following)*

_____ I am not to appear for volunteer service under the influence of any alcohol or illegal drugs. The Volunteer agrees 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 am not to have children with me, during my volunteer activities, that are under 14 years of age who are not enrolled in the program to which I am providing volunteer services.

_____ I will abide by all City policies regarding personal conduct while performing volunteer services.

_____ 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.

_____ Depending on the scope of volunteer work, the following policies may apply: Anti-Harassment Policy, General Code of Conduct, Vehicle Policy, Use of City Equipment and Supplies.

_____ 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 understand that I am to report any on-the-job injury or illness, no matter how minor, to my supervisor.

BACKGROUND CHECKS: For volunteers who will perform activities such as unsupervised access to children, developmentally disabled persons or vulnerable adults, or working with confidential information, or handling City funds. I consent to the City performing a criminal history background check 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 for the above specific critical activities.

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 AWC RMSA 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 AWC RMSA. I am fully aware that a volunteer's intentional misconduct is not protected or covered by the City or AWC RMSA.

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

_____ day of _____, 20____.

By:

City of Gold Bar

Volunteer

Address

City/State/Zip

Phone

Parent's Signature: _____

Date: _____

For Volunteers under 18 years of age

Send Original to Human Resources

City of Gold Bar Volunteer Registration Form

Mr.	Mrs.	Ms.	Dr.	First	MI	Last	DOB	
E-mail Address				Day Phone ()		Evening Phone ()		
Street Address (Home)					City		State	Zip
Occupation/Profession/Specialty					Employer			
Emergency Contact Name					Emergency Contact Relationship			
Emergency Contact Phone ()					Emergency Contact Alternate Phone ()			
Emergency Contact Address					City		State	Zip
Do you have any health issues?				Yes	No	If yes, please explain:		

List any Disaster Relief Organizations or Volunteer Programs you are or have been affiliated with, along with any disaster training you may have taken.

Background Check By City: Yes: ___ No: ___

Skills & Experience

Medical: (specify and Specialty)	Services:	Other Medical or Services Skills:
Doctor	Food Service	
Nurse	Driving	
EMT	Clean-up	
Paramedic	Child Care	
Mental Health	Social Worker	
Veterinarian	Accounting	
Vet Tech	Elderly Care	
Languages:	Equipment Operation:	
Spanish	Chain Saw	
Korean	Backhoe	
Russian	Forklift	
Chinese	Generator	
Vietnamese	Other:	
Cambodian		
Other:		
Office/Clerical		
Filing		
Reception		
Data Entry		
Software		
Phone Center		