



AGREEMENT REGARDING INDIVIDUAL VOLUNTEER SERVICE WITH THE CITY OF SAMMAMISH

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

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

Please add me to your e-mail list for volunteer activities in the city of Sammamish.

I understand that I will not be compensated for my work but volunteer to do so in a safe, responsible manner. I agree to abide by all relevant City policies and procedures. 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 this Agreement EXCEPT for State Labor and Industries Industrial Insurance medical aid coverage. If I decide to discontinue my volunteer service I will notify the City's Volunteer Coordinator or supervisory City department staff.

Further, I certify that I am capable of performing the duties that are requested. If I am unable to perform the duties requested, I will immediately notify the Volunteer Coordinator or supervisory City department staff, so that either a suitable form of accommodation may be found, or that an individual who is capable of performing the task can complete it.

In consideration of the City of Sammamish giving me permission to perform these volunteer services, I understand and agree to the following terms as shown by my initials:

1. _____ I am not to appear for volunteer service under the influence of any drugs or alcohol. 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.
2. _____ I will abide by all City policies regarding personal conduct while performing volunteer services.
3. _____ I agree not to go beyond the scope of volunteer work agreed to, as listed below, without authorization from the appropriate Department Director or the Volunteer Coordinator.
4. _____ 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.
5. _____ Depending on the scope of volunteer work, the following policies may apply: driving, safety, computer operation, discipline policy, dress code, anti harassment, confidentiality, code of ethics, workplace violence prevention and drug-free workplace.
6. _____ Should an injury occur during the scope of my service, I understand that the City will include my hours of volunteer service in the State Labor and Industries coverage for volunteer workers.

7. _____ I am to report any on-the-job injury or illness, no matter how minor, to the supervisory department staff and/or the Volunteer Coordinator.
8. _____ 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 to screen volunteers who will have unsupervised access to children, developmentally disabled persons or vulnerable adults, or for volunteers who will be working with confidential information.)
9. _____ 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 my volunteer service without prior notice or reason.
10. _____ I agree to hold harmless the City of Sammamish, its officials, employees and agents for any damage claim or lawsuit for injury, illness or damage or loss of any kind to me arising out of my performance in any way of the volunteer services outlined in the scope of volunteer service listed below.
11. I grant full permission to use any photographs, videotapes, motion pictures or recordings for publicity purposes by the City. If I am signing for my minor child, I, the undersigned parent or guardian, do hereby grant permission to the City of Sammamish to use any photographs, videotapes, motion pictures or recordings for publicity purposes by the City.
 Yes No

COURT ORDERED VOLUNTEER

Type of Offense: _____ Number of hours needed _____

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 birthday 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 of Sammamish 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 Cities Insurance Association of Washington for liability coverage. Volunteers over the age of 14, 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 CIAW. I am fully aware that a volunteer's intentional misconduct is not protected or covered by the City or CIAW.

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

Volunteers Signature

Date

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

Date