

City of Sultan Volunteer Program

CITY-WIDE PRIDE

AGREEMENT FOR GROUP VOLUNTEER SERVICE

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

Volunteer Group Name: (Please Print)	Responsible Person Phone (with area code):	
Responsible Person Name (Please Print)	Responsible Person 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: We hereby volunteer our services to the City of Sultan. The volunteers agree 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 this Agreement EXCEPT for State Labor and Industries Industrial Insurance medical aid coverage.

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

- _____ We will not to appear for volunteer service under the influence of any illegal drugs or alcohol. We 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.
- _____ We will abide by all City policies regarding personal conduct while performing volunteer services.
- _____ We agree not to go beyond the scope of volunteer work agreed to without authorization.
- _____ We will be trained on any activity that we are unfamiliar with, learn the corresponding policies, and it is our responsibility to understand them completely or ask questions until I feel confident to perform them.
- _____ We hereby identify that we are capable of performing duties without accommodation, or with the following accommodation(s): _____.
- _____ Depending on the scope of volunteer work, the following City policies may apply: Driving, Safety Procedures, Computer Operation, Dress Code, Anti Harassment, Confidentiality, Code of Ethics, Workplace Violence Prevention and Drug-Free Workplace.
- _____ Should an injury occur during the scope of our service the City has included our hours of volunteer service in the State Labor and Industries coverage for volunteer workers. We are responsible for recording and reporting our hours to the City.
- _____ We understand that we will report any on-the-job injury or illness, no matter how minor, to our supervisor. We authorize emergency medical care if it should become necessary.
- _____ We grant full permission to use any photographs, videotapes, motion pictures or recordings for publicity purposes by the City.

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 under sixteen years of age, developmentally disabled persons, or vulnerable adults or volunteers who will be working with confidential business information pursuant to RCW 43.43.815.) [Your full legal name and birth date are required to perform this background check.]

TERMINATION: We understand that we or the City may terminate this agreement at any time without cause, and that we are volunteering our services at will and may be asked to discontinue such services without prior notice or reason.

WAIVER & HOLD HARMLESS: We are 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 our being allowed to participate in the City’s Volunteer Program, We hereby assume all risk of injury, damage and harm to ourselves if arising from such activities or use of City facilities. We also hereby individually and on behalf of our heirs, executors and assignees, release and hold harmless the City, its officials, employees and agents and waive any right of recovery that we might have to bring a claim or a lawsuit against them for any personal injury, death or other consequences occurring to any of us arising out of our volunteer activities.

LIABILITY COVERAGE: We understand that the City is self insured through the Cities Insurance Authority of Washington (CIAW) 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 CIAW. We are 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.
 Dated this _____ day of _____, 20 _____

 Designated Responsible Person’s Signature

 Name of Volunteer Group

**City of Sultan
 319 Main Street
 PO Box 1199
 Sultan, WA 98294-1199**

For Office Use Only

Form checked by:	Initials:	Date:	WSP check:	Initials:	Date:
DL checked by:	Initials:	Date:	WSP accepted:	Yes: ()	No: ()
Assigned to:			WSP mailed:	Initials:	Date:
Agreed:	Method:	Date:	EDP:	Initials:	Date:
Volunteer General Orientation completed: _____ yes					