



ATTACHMENT B

AGREEMENT REGARDING INDIVIDUAL VOLUNTEER SERVICE

I _____ hereby volunteer my services to perform only the services as outlined in the attached Scope of Volunteer Services for the City. I understand that I will not be compensated for my work but I volunteer to perform in a responsible manner. If I decide to discontinue my volunteer service I will notify the Public Works Department at 360-629-9781. I am 14 to 18 years olds I am over 18 years old

Further, I hereby identify that I am capable of performing the duties as outlined in the attached scope of volunteer services without accommodation or with the following accommodations: _____

In consideration of the City of Stanwood giving me permission to perform these volunteer services, I agree to the following terms:

1. _____ I understand that I am not to appear for volunteer service under the influence of any drugs or alcohol.
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 service agreed to without authorization.
4. _____ Should an injury occur during the scope of my service, I understand that:
 - The City has included my hours of volunteer service in the State Labor and Industries coverage for volunteer workers.
 - I am to report any on-the-job injury or illness, no matter how minor, to the City Staff supervising my work.
5. _____ Depending on the scope of volunteer services, the following policies may apply: *(please initial policies reviewed)* _____driving _____safety procedures _____Computer operation _____discipline policy
6. _____ I acknowledge that I have been trained on the above initialed policies and understand them and/or have had the opportunity to ask any questions.
7. _____ I consent to the City performing a background check into my history in accordance with RCW43.43.830-839 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.)*
8. _____ 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.
9. _____ **WAIVER AND 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 Stanwood, it's 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.
10. _____ 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 _____

This agreement will be in effect for the duration of my volunteer services beginning this _____ day of _____, 2015.

Volunteer Signature

Parent Signature if volunteer is less than 18 years old

Address

Phone

Email

Emergency Contact Name and Phone