



# **INDIVIDUAL and ORGANIZATIONAL VOLUNTEER WORKERS HANDBOOK**

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# INDIVIDUAL and ORGANIZATIONAL VOLUNTEER WORKERS HANDBOOK

## The Purpose of this Handbook

The City of Stanwood recognizes the advantages of utilizing the rich skills and talents of the community and every citizen's desire to enhance their way of life, to benefit the community as a whole, and provide services which would not usually be available due to excessive costs. It is also the City's intent to implement a program that involves individual and organizational volunteers in an appropriate manner, that protects the public's interest, and to do so without adding undue or unnecessary liability that may negatively impact the taxpayers that live within Stanwood's city limits.



For these reasons, we have established some guidelines for individuals wishing to volunteer for the City, or organizations wishing to provide volunteer opportunities to their members.

## Scope of Volunteer Services



A scope of volunteer service will be provided to every individual and/or organization identifying the policies and procedures for each project. An assigned City staff person will work with individual volunteers or organization leaders to explain the scope of volunteer service and make sure that all parties are moving forward on the same page and toward the same goal.

In order to ensure that an understanding has been reached all individuals or organizational leaders will be asked to sign a statement confirming they will comply with the scope of volunteer services.

Each scope of volunteer service will define:

1. The duties of the work assigned;
2. Supervision responsibilities;
3. Training and orientation prior to performing work;
4. Personal protective equipment to be used;
5. Name of contact person and description of how to contact them, and;
6. Any other relevant information.

## Background Checks

Because the wellbeing of our volunteers is our first priority, especially those under the age of 18, as required in Washington State RCW 43.43.830-839, all persons expected to be coming into unsupervised contact with children or the handicapped will have completed a background check for history of abuse and/or sexual deviant behavior or other crimes of violence.

## Liability Coverage

The City is self-insured through the Washington Cities Insurance Authority (WCIA) for the purpose of comprehensive general liability coverage.

- As of March 2017, the WCIA is a pool of 160 Washington cities that provides training, advice, insurance programs, and other services with the goal of protecting the interests of taxpayers by managing the City's financial risk.



Volunteers working within the scope of their assignment and on behalf of the City have liability coverage as provided under the WCIA Coverage Documents.

## Age Limit

Individual volunteers of the City must be 14 years of age or older. This is because the Washington State Department of Labor and Industries will not cover any injury to those under that specific age. If an individual younger than 14 years of age were to be injured while volunteering for the City; the taxpayers would end up having to pay for 100% of the cost.

Organizations whose membership consists of children under this age can be allowed to perform volunteer services if they provide proof of liability insurance and the adult supervision necessary to perform the activity safely.

## Organizational Proof of Commercial General Liability Coverage

All organizations performing volunteer services shall provide proof of Commercial General Liability coverage, naming the City as an additional named insured. All organizations must sign a waiver holding the City harmless for any injuries, claims of any kind, and provide all necessary supervision for the project.

If an organization does not have Commercial General Liability Insurance available through their organization, their members can volunteer as individuals under the provisions of this handbook, and can only be directly supervised by City staff.



### **Injuries**

All volunteer workers' hours will be tracked by the City and recorded as volunteer hours. The City provides medical coverage for these individuals through the State Department of Labor and Industries. Individuals may expressly agree in writing that they have their own medical coverage, or medical coverage can also be provided by the organization they are volunteering under.

### **Waivers**

Organizations providing volunteer services shall sign "Agreement Regarding Organizational Service with the City," as seen in **Attachment A**, which includes an agreement to defend, indemnify and hold the City harmless for any claims or lawsuits that arise out of their activities, as well as provide any other documentation as required by this handbook.

Individual volunteers shall sign an "Agreement Regarding Individual Volunteer Service with the City," as seen in **Attachment B**.

### **Termination of Volunteer Service**

The City and/or the individual volunteer, and/or the organization providing volunteer services; may terminate the volunteer service relationship at any time, with or without cause, and with or without reason.

### **Projects**

Volunteers must submit a Volunteer Project Application when the volunteer project includes work other than "ordinary maintenance" on city property or rights-of-way. Ordinary maintenance includes litter removal, brush cutting, weeding, etc. You need to complete the Volunteer Project Application if you intend to construct, enlarge, alter, repair, move, demolish or change city facilities or impact electrical, gas, mechanical or plumbing system on city property. Your responses will be used by city staff to determine if your project requires a city permit (permit paid by city) in addition to this application.



ATTACHMENT A

**AGREEMENT REGARDING ORGANIZATIONAL VOLUNTEER SERVICE**

Our organization, the \_\_\_\_\_ volunteer our services to perform only the services as outlined in the attached Scope of Volunteer Services for the City. We understand that we will not be compensated for our work but we volunteer to perform in a responsible manner. If we decide to discontinue volunteer service our contact person (designated below) will notify the Director of Public Works or his/her designee.

We understand that and agree that:

- None of the group is to appear for volunteer service under the influence of any drugs or alcohol;
- The City has included our hours of volunteer service in the State Labor and Industries coverage for volunteer workers;
- Our organization is responsible for directly supervising the activities of all the individuals in our group who will be doing volunteer work, and therefore, in consideration of our organization and members being permitted to perform services on City property, our organization agrees to defend, indemnify and hold harmless the City of Stanwood and its officials, employees and agents from any damage claim or lawsuit for injury, illness, damage or other loss of any kind to anyone including members of our organization that might arise out of our activities or the actions of any individuals of our group, except for injuries or damages caused by the sole negligence of the City.
- Our organization has appropriated valid liability insurance of at least one million dollars (\$1,000,000.00) to cover our activities; and a copy of the certificate of said insurance, naming the City as an "additional insured" is attached.
- 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 without prior notice or reason.

This agreement will be in effect for the duration of our volunteer services beginning this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

City Contact Information:

Organization Contact Information:

\_\_\_\_\_  
*Name and Title*

\_\_\_\_\_  
*Organization*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Signature on Behalf of Organization*

10220 270<sup>th</sup> Street NW  
Stanwood, WA 98292

\_\_\_\_\_  
*Address*

360-629-9781

\_\_\_\_\_  
*Phone*



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 \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
*Volunteer Signature*

\_\_\_\_\_  
*Parent Signature if volunteer is less than 18 years old*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*Phone*

\_\_\_\_\_  
*Email*

\_\_\_\_\_  
*Emergency Contact Name and Phone*

## SCOPE OF VOLUNTEER SERVICES

Individual Volunteer or Organization Name: \_\_\_\_\_

Supervised by: \_\_\_\_\_ Phone: \_\_\_\_\_

*City staff or organization supervisor*

Assigned duties may include: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Training or orientation? \_\_\_\_\_ Date: \_\_\_\_\_

Personal protective equipment to be used? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
*Volunteer Signature*

\_\_\_\_\_  
*Parent Signature if under 18 years old*