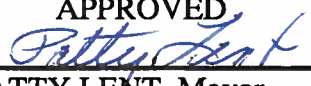


CITY OF BREMERTON HUMAN RESOURCES POLICY		VOLUNTEER PROGRAM	
INDEX Human Resources <u>3-20-21</u>	EFFECTIVE DATE: <u>07-06-15</u> REVIEW DATE: REVISED DATE:	APPROVED  PATTY LENT, Mayor	

POLICY The City of Bremerton actively promotes a relationship between volunteers and staff who will support them in their efforts to foster stewardship of our community and social programs, and to enhance community engagement and delivery of services to the citizens of the City of Bremerton. The Volunteer Program promotes participation by individuals and groups within the City of Bremerton.

PURPOSE The purpose of this policy is to provide overall guidance, structure and direction to staff and volunteers throughout the volunteer process. This policy does not constitute, either implicitly or explicitly, a binding contractual or personnel agreement. The City of Bremerton reserves the right to change this policy and its exhibits at any time and to expect adherence to the changed policy.

SCOPE Unless specifically stated otherwise, this policy applies to all volunteers in all programs and projects undertaken on behalf of the City of Bremerton and to all sites of operation.

DEFINITION OF A VOLUNTEER A “volunteer” is anyone who, without compensation or other consideration, performs a task at the direction of and on behalf of the City of Bremerton. A “volunteer” must be officially registered and/or enrolled by the City of Bremerton prior to performance of the task. Volunteers shall not be considered as “employees” of the City of Bremerton.

ATTACHMENTS Appendix A – Scope of Volunteer Service
Appendix B – Volunteer Applications
Appendix C – Participant Assumption of Risk, Waiver and Release
Appendix D – Volunteer Service Agreement

POLICY I. UTILIZATION OF VOLUNTEERS
The City of Bremerton accepts and encourages the involvement of volunteers within all appropriate programs and activities. All staff members, as well as others in leadership roles are encouraged to assist in the creation of meaningful and productive roles for volunteers.

Volunteers under the age of 14 will not be accepted. Volunteers age 14-17 are subject to work restrictions as identified in WAC 296-125-030. In addition parents and/or guardians of volunteers age of 14-17 will also be required to sign a waiver of liability.

II. TYPES OF VOLUNTEERS

The following volunteer opportunities are available within the City of Bremerton:

a. Non-elected Committee, Board and Commission Members. Appointment and governance of non-elected Committee, Board and Commission members shall be governed by the appropriate RCW and any relevant or applicable section of the Bremerton Municipal Code, Bremerton City Charter and/or Civil Service Rules (Civil Service Commission only).

b. One Time Volunteers. One time volunteers are those volunteers who will participate in a particular event that is not on-going in nature.

c. Continuous Volunteers. Continuous volunteers are those individuals who will provide volunteer services on an ongoing, regular basis. Examples of services provided by continuous volunteers may include, but not be limited to instructor, administrative services, program coordination, etc.

d. Volunteer Organizations. Volunteer Organizations are organizations such as Rotary clubs, Lions clubs, Girls Scouts, Boy Scouts or any other formally organized group whether profit or non-profit who agree to undertake a volunteer project for the City of Bremerton.

e. Citizen Auxiliary Patrol. Bremerton Police Department Citizen Auxiliary Patrol volunteers are continuous volunteers working under the patronage and direction of the Bremerton Police Department for specific tasks and duties in order to create efficiencies for the police department and improve services to the community.

f. Employees as Volunteers. Employees may provide volunteer services to the City of Bremerton provided that the volunteer service is provided without any coercive nature, is provided outside usual working hours and does not involve work which is within the scope of the individuals' normal staff duties.

III. SCOPE OF VOLUNTEER INVOLVEMENT

Volunteers may be used in many programs and activities of the City of Bremerton. Volunteers should not be used to displace any paid employees from their positions.

A Scope of Volunteer Service description (**Appendix A**) will be provided to every individual outlining:

- a. Specific duties for the particular volunteer job;
- b. Time sheet and time recording requirements;
- c. Reporting and supervision responsibilities;
- d. Training requirements; and
- e. Personal protective equipment to be provided.

IV. APPLICATION, INTERVIEW & SCREENING OF VOLUNTEERS

a. **Application.** Volunteer applicants shall complete and submit the appropriate application for the type of volunteer service to which they are applying. Sample applications are attached at **Appendix B** and may also be available for electronic submission on the City's website www.ci.bremerton.wa.us. **Exception.** One Time Volunteers shall not be required to complete the application process, but will be required to sign the Participant Assumption of Risk, Waiver and Release at each volunteer event. **Appendix C.**

b. **Interview.** Prior to being assigned or appointed to a position, all volunteers will be interviewed to ascertain their suitability for and interest in the position. Supervising staff should participate in interviewing and placement of volunteers whenever possible. Final assignment of a potential volunteer should be reviewed and approved by the appropriate supervisor. Upon acceptance for but prior to placement, volunteers shall attend Human Resources orientation and sign the Volunteer Service Agreement. **Appendix D.**

c. **Screening.** Volunteers who will drive City vehicles or who will be placed in direct contact with at-risk clients, such as those working in a position of public trust, with children under the age of 18, developmentally disabled persons, the frail, or the elderly require additional screening. These screenings may include driving record checks, reference checks, direct background investigations, and/or criminal investigation to check for history of abuse and/or sexual deviant behavior or other crimes. These checks will be filed and renewed every two years for on-going volunteer members who require these types of checks. All volunteers requiring additional screening shall submit adequate information to allow the City to conduct these checks. Volunteers who refuse permission to conduct these checks or who fail to submit the appropriate information will not be accepted for placement in these positions.

d. **Recordkeeping.** The following records for Volunteers will be maintained by Human Resources in accordance with the appropriate state record retention schedule. Any record that relates to an accident involving a minor should be kept for 3 years after the minor's 18th birthday.

- i. Signed application
- ii. Signed volunteer agreement
- iii. Background check
- iv. Current Abstract of Driving Record
- v. Credit Checks
- vi. Documentation of hours worked
- vii. Training documentation

e. **Contracts for Volunteer Organizations.** Contracts will be developed with Volunteer Organizations (as defined in Section II.(d)) that provide volunteer workers. Contracts will require the Volunteer Organization to hold harmless, defend and indemnify the City of Bremerton from any claims by the volunteers or liability caused by the volunteers. Volunteer Organizations shall be required to carry liability insurance and name the City of Bremerton as an additional insured.

V. SUPERVISION AND TRAINING OF VOLUNTEERS

a. **Supervision.** Volunteers shall have clearly identified supervision responsible for direct management. Supervision may be a staff person, a trained adult volunteer, or other designated person. The supervisor shall be responsible for day-to-day management and guidance of the work of the volunteer and shall be available to the volunteer for consultation and assistance. An adult must supervise minors under the age of 18.

b. **Training.** The City will provide adequate instruction and, where necessary, training to ensure all workers perform tasks properly and safely, and provide individual volunteers with adequate knowledge of City rules and requirements. If required, personal protective equipment should be provided by the City, and is required to be worn when necessary to complete the work

assigned. The timing and methods of training will be appropriate to the complexity and demands of the positions and the capabilities of the volunteers. Staff that will be in a supervisory capacity for volunteers shall have primary responsibility for design and delivery of on-the-job training to volunteers assigned to them. Departments utilizing volunteer services may develop specific operating procedures for volunteers to supplement training and instruction.

VI. EQUIPMENT AND HEAVY MACHINERY

Volunteers will not be allowed to use or operate City of Bremerton power tools or heavy equipment.

VII. PROFESSIONAL SERVICES

Volunteers shall not perform professional services for which certification or licensing is required unless currently certified or licensed to do so. A copy of such certificate or license must be on file with the City of Bremerton.

VIII. USE OF PERSONAL VEHICLES

Personal vehicles will not be used for volunteer services within the City of Bremerton. **Exception.** Volunteer Organizations may use organizational vehicles and equipment when providing volunteer services requiring specialized equipment and machinery. In such cases, the volunteer organization shall assume the risk of damage to the equipment and/or machinery.

IX. INSURANCE

a. Liability and accident insurance is provided for all volunteers over the age of 14, except Volunteer Organizations (as defined in Section II.(d)) engaged in volunteer work with the City of Bremerton. The City self-insures its liability and accident insurance. Non-City owned vehicles are not covered under the City of Bremerton insurance coverage and the privately owned vehicle owner's insurance is primary coverage.

b. Volunteer Injuries. City departments engaging volunteers are responsible for tracking and recording the hours worked by volunteers. Volunteer hours will be reported on a monthly basis to the Risk Management Specialist for reporting these hours to the Washington State Department of Labor and Industries. This will ensure that medical expenses incurred by a volunteer due to an injury suffered while performing volunteer duties will be covered by the City of Bremerton's self-insured workers' compensation program. Volunteer injuries shall be reported immediately or within 24 hours to the Risk Management Specialist.

Appendix A



City of Bremerton
345 6th Street, Suite 600
Bremerton, WA 98337
Phone 360-473-2345 Fax 360-473-5161

VOLUNTEER SCOPE OF SERVICES

Volunteer Name: _____ Supervisor _____
(Print Name)

Department: _____ Supervisor
Signature: _____

SPECIFIC DUTIES:

TIME KEEPING REQUIREMENTS:

Volunteers will maintain a record of volunteer hours on the attached time sheet (or similar form) and provide the signed time sheet to their immediate supervisor on the last day of each month of volunteer service. Supervisors are responsible for reviewing the sheet for accuracy and forwarding it to Risk Management no later than the 5th of each month.

REPORTING AND SUPERVISION:

The Supervisor noted above will be the direct report for volunteer training, assignment and supervision.

TRAINING REQUIREMENTS:

PERSONAL PROTECTIVE EQUIPMENT TO BE PROVIDED BY THE CITY (Volunteers should not perform any task without proper personal protective equipment):

I HEREBY CERTIFY THAT I HAVE REVIEWED THIS SCOPE OF VOLUNTEER SERVICES AND WILL ADHERE TO THE SPECIFIC DUTIES OF THE VOLUNTEER POSITION DESCRIBED ABOVE.

Volunteer signature: _____ Date: _____

Appendix B



Application For City Boards/ Commissions/ Committee

Note: As an applicant for a City Board, Commission or Committee, your name, address, and telephone number will be available to the press and public. You will be contacted before any action is taken on your appointment.

(Please type or print clearly)

Date: _____

Name: _____ Home Phone: () _____
FIRST MIDDLE LAST

Home Address: _____
NUMBER STREET CITY STATE ZIP

Occupation: _____ Employer: _____

Work Address: _____
NUMBER STREET CITY STATE ZIP

Work Phone: () _____ Fax: () _____ E-Mail: _____

Education: _____

Local References (names and phone numbers): _____

I am interested in serving (please check one or more):

- | | |
|---|---|
| <input type="checkbox"/> Arts Commission | <input type="checkbox"/> Audit Committee |
| <input type="checkbox"/> Bremerton Housing Authority | <input type="checkbox"/> Citizen's Commission on Council Salaries |
| <input type="checkbox"/> Civil Service Commission (18 yrs. and older) | <input type="checkbox"/> Community Development Block Grant Advisory Board |
| <input type="checkbox"/> Design Review Board | <input type="checkbox"/> Disability Action Committee |
| <input type="checkbox"/> Ferry Advisory Committee | <input type="checkbox"/> Lodging Tax Advisory Committee |
| <input type="checkbox"/> Parks & Recreation Commission | <input type="checkbox"/> Planning Commission (18 yrs. or older) |
| <input type="checkbox"/> Public Access Citizens Advisory Committee | <input type="checkbox"/> Tourist Kiosk |
| <input type="checkbox"/> Tree Committee | <input type="checkbox"/> Other : _____ |

Is this an application for reappointment? _____
If yes, how many years have you served on this commission/committee? _____
How long have you lived in Bremerton? _____

Why are you applying for this appointment?

Which of your personal and/or professional interests prompted you to apply for this appointment?

Have you ever served on any other Bremerton Board, Commission, Committee or Task Force? If yes, please list:

Please list your qualifications for this appointment (include skills, activities, training, education):

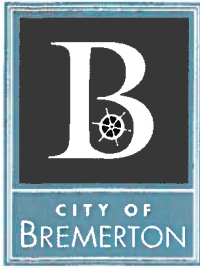
What are your community interests (committees, organizations, special activities)?

Please list any accommodations you need to perform volunteer duties:

We welcome your willingness to serve Bremerton. For more information please contact the Mayor's Office at (360) 473-5266, FAX (360) 473-5883 or via email at mayor@ci.bremerton.wa.us. Please return the completed form to: Mayor's Office, 345 6th Street, Suite 600, Bremerton WA 98337.

Pursuant to the Washington Public Disclosure Act, (RCW 42.56), this form constitutes a public record and is subject to public release upon request

Applicants are considered for appointment without regard to race, color, religion, gender, national origin, sexual orientation, age, genetic information, marital or veteran status, or the presence of any disability.



VOLUNTEER APPLICATION

Volunteer Name: First, MI, Last (Please Print)	Home Phone (w/area code)
Parent/Guardian (if under 18) Name (Please Print)	Cell Phone (w/area code)
Address:	Email:
City, State, Zip	

Please indicate areas of volunteer service that interest you: _____

Please list any accommodations you need to perform volunteer duties: _____

Please list your hobbies, skills or special knowledge you think would help in your volunteering: _____

Please indicate the dates and times you are available to volunteer:

DATE OF WEEK	MORNING	AFTERNOON	EVENING
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
SATURDAY			
SUNDAY			

Please list two (2) reference (who are not relatives) that we may call on:

NAME	RELATIONSHIP	PHONE (w/area code)

****Signature on following page**

IMPORTANT DISCLOSURES:

PUBLIC RECORD: Pursuant to the Washington Public Disclosure Act, (RCW 42.56), this form constitutes a public record and is subject to public release upon request. The following information may be redacted prior to disclosure pursuant to RCW 42.56.250(3): Residential addresses, residential telephone numbers, personal wireless telephone numbers, personal electronic mail addresses, social security numbers, driver's license numbers, identicard numbers, and emergency contact information of employees or volunteers of a public agency, and the names, dates of birth, residential addresses, residential telephone numbers, personal wireless telephone numbers, personal electronic mail addresses, social security numbers, and emergency contact information of dependents of employees or volunteers of a public agency.

BACKGROUND CHECKS: You may be required to consent to a background check in accordance with RCW 43.43.830-839 for the limited purpose of the City determining your 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 or in a position of public trust). These checks may include but not be limited to: driving record checks, reference checks, direct background investigations, and/or criminal investigations.

NON-DISCRIMINATION. Applicants are considered for appointment without regard to race, color, religion, gender, national origin, sexual orientation, age, genetic information, marital or veteran status, or the presence of any disability.

Date

Volunteer Applicant Signature

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

(Print name)



BREMERTON POLICE DEPARTMENT
CITIZEN AUXILIARY PATROL APPLICATION

First Name:

Last Name

Address

City, State Zip

Email:

Home Phone:

Work Phone:

Two Local References (Full Name, Address, and Phone Number)

Please list any accommodations you need to perform volunteer duties: _____

As a volunteer of the Bremerton Auxiliary Patrol, I agree to abide by the following rules:

1. While on patrol I will not be carrying any personal weapons.
2. I will not engage in any verbal or physical confrontations or attempt to detain or control any person(s) while on patrol.
3. I will not patrol while under the influence of alcohol or drugs that may impair my driving and/or judgement.
4. I will follow the directions of the on-duty Bremerton Police Department Supervisor or the Auxiliary Patrol Coordinator.
5. I will obey all laws including all traffic laws while patrolling.
6. I will not engage in any pursuits of persons or vehicles.
7. As a representative of the Bremerton Police Department and the Auxiliary Patrol I will carry myself in a professional manner at all times.

IMPORTANT DISCLOSURES:

PUBLIC RECORD: Pursuant to the Washington Public Disclosure Act, (RCW 42.56), this form constitutes a public record and is subject to public release upon request. The following information may be redacted prior to disclosure pursuant to RCW 42.56.250(3): Residential addresses, residential telephone numbers, personal wireless telephone numbers, personal electronic mail addresses, social security numbers, driver's license numbers, identicard numbers, and emergency contact information of employees or volunteers of a public agency, and the names, dates of birth, residential addresses, residential telephone numbers, personal wireless telephone numbers, personal electronic mail addresses, social security numbers, and emergency contact information of dependents of employees or volunteers of a public agency.

BACKGROUND CHECKS: You may be required to consent to a background check in accordance with RCW 43.43.830-839 for the limited purpose of the City determining your 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 or in a position of public trust). These checks may include but not be limited to: driving record checks, reference checks, direct background investigations, and/or criminal investigations.

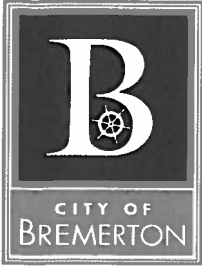
NON-DISCRIMINATION. Applicants are considered for appointment without regard to race, color, religion, gender, national origin, sexual orientation, age, genetic information, marital or veteran status, or the presence of any disability.

I certify (declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct (RCW 9A.72.085)

Signature: _____

Date: _____

Appendix C



City of Bremerton
345 6th Street, Suite 600
Bremerton, WA 98337
Phone 360-473-2345 Fax 360-473-5161

VOLUNTEER PROJECT ASSUMPTION OF RISK, WAIVER AND RELEASE

Project Location _____ Date of Project: _____

Scope of Project: Please provide a specific description of the project you (and/or your organization) would like to undertake. Please include photos, drawings, list of supplies and/or materials if applicable. Please use additional pages if necessary.

Department: _____ City of Bremerton
Project Coordinator: _____

Please read the following: your signature indicates you understand and agree. Any questions please check with the Project Coordinator.

VOLUNTEER WORKERS

I understand that as volunteer worker as defined by RCW 51.12.035, I agree to submit the number of hours volunteered to the Project Coordinator. I agree to abide by the policies, procedures and guidelines set forth by the City of Bremerton.

VOLUNTEER - NOT AN EMPLOYEE OF THE CITY OF BREMERTON

I acknowledge that as a volunteer I will not represent myself as, or claim to be an officer or employee of the City of Bremerton or claim any right, privilege or benefit which would accrue to an employee of the City of Bremerton. I understand that I will not receive any personal compensation for services rendered through volunteer activities.

NON-DISCRIMINATION

Volunteers are considered for service without regard to race, color, religion, gender, national origin, sexual orientation, age, genetic information, marital or veteran status, or the presence of any disability.

PUBLIC RECORD

Pursuant to the Washington Public Disclosure Act, (RCW 42.56), this form constitutes a public record and is subject to public release upon request.

ACCIDENTS/INJURIES WHILE VOLUNTEERING

If an accident occurs while performing as a volunteer, the accident must be reported to the Volunteer Project Coordinator immediately or within 24 hours. It is understood that if a volunteer is injured while performing volunteer activities the volunteer may be eligible for workers' compensation medical aid benefits as described in RCW 51.12.035. Failure to document volunteer time and names may make volunteers ineligible to receive such benefits per RCW 51.12.035. In addition, registered volunteers may be afforded liability coverage through the City's self-insured liability program. For specific information please contact the City of Bremerton Risk Management Specialist (364) 473-5302.

ASSUMPTION OF RISK, WAIVER AND RELEASE

I am fully aware that the work associated with being a City of Bremerton Volunteer involves risks of physical injury or death. I understand that I may choose among the volunteer jobs offered to me and I am under no obligation to accept any placement unless I choose to do so. I agree to follow safety precautions and take full responsibility for my actions and for my physical condition. Being fully informed as to the 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 agree to hold the City, its officials, employees and agents harmless against all claims, loss, liability or expense, including attorney's fees for any personal injury, death or other consequence which may result from my participation in volunteer activities.

Date	Start Time	End Time	Total Hours	Print Name	Signature For youth 14-17 years of age parent or legal guardian must also sign.	Under 18?
Totals						

Reviewed and Approved by Program Coordinator: _____ Date: _____

*****FORWARD THIS FORM TO RISK MANAGEMENT NO LATER THAN THE 5TH OF EACH MONTH FOLLOWING VOLUNTEER SERVICE*****

Appendix D



VOLUNTEER SERVICE AGREEMENT

PURPOSE: The purpose of this Agreement is to outline the responsibilities of the City of Bremerton 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.

Volunteer Name: First, MI, Last (Please Print)	Home Phone (w/area code)	
Parent/Guardian (if under 18) Name (Please Print)	Cell Phone (w/area code)	EMERGENCY CONTACT NAME:
Address:	Email:	EMERGENCY CONTACT PHONE
City, State, Zip		

AGREEMENT FOR NON-COMPENSATED SERVICES: I hereby volunteer my services to the City of Bremerton. I 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 Scope of Volunteer Services.

I further understand that this Agreement does not in any way constitute or create an employer/employee relationship between the City and the Volunteer. The City shall not be responsible for, or liable for, nor shall the Volunteer 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, which is provided through the City's self-insured program.

I further understand that: (Please initial each of the following)

I am not to appear for volunteer service under the influence of any illegal drugs, alcohol or prescription drugs not prescribed to me. 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.

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.

I hereby identify that I am capable of performing duties without accommodation (or with the following accommodation(s)):

Depending on the scope of volunteer work, in addition to other policies, the following City policies may apply: Accident Prevention Manual, Employee Conduct, Conflict of Interest, Acceptable Computer Use, Drug-Free Workplace, Reporting Improper Governmental Action, Vehicle Safety and Infractions Issued to City Vehicles Detected By Automated Traffic Safety Cameras or Speed Measuring Devices. (A complete City policy manual is available upon my request.)

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 am responsible for recording and reporting my hours to the City.

I understand that I am to report any on-the-job injury or illness, no matter how minor, to my supervisor. I authorize emergency medical care if it should become necessary.

I grant full permission to the City to use of any photographs, videotapes, motion pictures or recordings for publicity purposes.

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 to 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 or in a position of public trust). These checks may include but not be limited to: driving record checks, reference checks, direct background investigations, and/or criminal investigations.

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 AND HOLD HARMLESS: I am fully aware that the work associated with being a City of Bremerton Volunteer involves risks of physical injury or death. I understand that I may choose among the volunteer jobs offered to me and I am under no obligation to accept any placement unless I choose to do so. I agree to follow safety precautions and take full responsibility for my actions and for my physical condition. Being fully informed as to the 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 agree to hold the City, its officials, employees and agents harmless against all claims, loss, liability or expense, including attorney's fees for any personal injury, death or other consequence which may result from my participation in volunteer activities.

LIABILITY COVERAGE: I understand that the City is self-insured 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 self-insurance program and its excess liability insurance coverage. I am fully aware that a volunteer's intentional misconduct is not protected or covered by the City or its excess liability insurance coverage.

NON-DISCRIMINATION. Applicants are considered for appointment without regard to race, color, religion, gender, national origin, sexual orientation, age, genetic information, marital or veteran status, or the presence of any disability.

PUBLIC RECORD: Pursuant to the Washington Public Disclosure Act, (RCW 42.56), this form constitutes a public record and is subject to public release upon request. The following information may be redacted prior to disclosure pursuant to RCW 42.56.250(3): Residential addresses, residential telephone numbers, personal wireless telephone numbers, personal electronic mail addresses, social security numbers, driver's license numbers, identicard numbers, and emergency contact information of employees or volunteers of a public agency, and the names, dates of birth, residential addresses, residential telephone numbers, personal wireless telephone numbers, personal electronic mail addresses, social security numbers, and emergency contact information of dependents of employees or volunteers of a public agency.

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

Date

Volunteer Signature

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

(Print name)