



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: _____

