



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)