CITY OF PORT TOWNSEND VOLUNTEER AGREEMENT

Before beginning any volunteer work on behalf of the City of Port Townsend, all volunteers are required to complete, sign, and return this form.

Please provide the completed form to the City supervisor or volunteer (if applicable) supervising your work. The information contained in this form will ensure that our residents can benefit from your skills and services without undue exposure to liability, and ensure that you will receive medical benefit coverage under the City's Labor and Industries (Worker's Compensation) policy.

Name:

Address:

Telephone(s): Email:

Age: ___Over 18 ___Under 18 (If under 18, parent or guardian must sign this form)

Work/Project: I hereby volunteer my services to perform the following described work: [Brief description, location, date and time of volunteer work/project. Attach separate page if needed.]
This form remains in effect in the event I work on future volunteer projects.

Volunteer agrees to submit complete and accurate record of all time spent in volunteer service and return time sheet(s) to department head or designee monthly or when work is completed.

Please sign on the next page

Do not commence work until you have signed this form, and either a city department head (or designee) signs this form below, or you have received authorization from a citizen authorized by the City to supervise the work.

AUTHORIZATION OF CITY DEPARTMENT HEAD (or DESIGNEE) OR CITIZEN AUTHORIZED BY THE CITY TO SUPERVISE THE WORK

I, [print name] _____, on this _____ day of _____, 200__, have authorized this volunteer to perform the volunteer work described herein under my supervision at the location, dates and times shown above.

Signature: _____
[Print Name] _____

VOLUNTEER TO READ BEFORE SIGNING

- I understand I will not be compensated for my work. I am volunteering to conduct the volunteer work in a responsible manner. If I decide to discontinue my volunteer service, I will immediately notify the City. I understand that the City or I may terminate this Agreement at any time without cause.

- I understand that I am not to appear for volunteer service under the influence of any drugs or alcohol.

- Should an injury occur while performing this volunteer work, I understand that:
  - The City includes my hours of volunteer service in the Washington 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 Department Head or City Manager, or person supervising this project.

- I have received and reviewed to my satisfaction the *City of Port Townsend Volunteer Handbook*.

- To the best of my knowledge, the information provided herein is true and complete.

- As a volunteer for the City of Port Townsend, I agree to follow all of the rules outlined in the City's volunteer policies.

- I will use all provided equipment appropriately and follow all safety practices. I am aware that the work associated with being a City volunteer may involve certain risks of physical injury and death.

- Being fully informed as to these risks and in consideration of being given the opportunity to participate in the City's volunteer program, I hereby, on behalf of myself and my heirs, assume all risks in connection with my participation in this program, and I further hold harmless the City of Port Townsend, its officials, employees, and agents, for any injury or damages which may occur to me while I am participating in this program, and I waive any right to bring a claim or lawsuit against them for any such injury, damage, or death.

- I authorize any necessary emergency medical treatment that might be required for me in the event of physical injury and/or accident to me while participating in this program.

I HAVE READ AND AGREE WITH THE ABOVE. I WILL NOT PERFORM WORK UNTIL AUTHORIZED BY A CITY EMPLOYEE OR CITY AUTHORIZED SUPERVISOR:

Volunteer signature: **Date:**

If the volunteer is under 18 years of age, the parent or legal guardian must read and sign below:

- I certify that I am the parent or legal guardian of the participant above named; that I have read and understood the foregoing release and waiver; and that in consideration of allowing the participant to participate in the City's volunteer program, I join in the release and waiver without reservation and agree to release and waive any claim or legal cause of action that I might have arising out of any personal injury, damage, or death of the participant against the City, its officials, employees, and agents.

- I further grant my full consent and authorization for the above-named participant to engage in the activity described above. I do this knowing City employees do not supervise the activity.

- I authorize all reasonable medical treatment that may be necessitated in the event of injury or accident occurring to the participant named above while working in the volunteer program.

Parent (or) Legal Guardian signature: _____ **Date:** _____

[Print Name] _____ Relationship to volunteer: _____