



AGREEMENT AND WAIVER FOR INDIVIDUAL VOLUNTEER SERVICE

I, (print name) _____ hereby volunteer my services to perform only the services as outlined in the attached scope of volunteer work for the City of Lake Stevens. I understand I will not be compensated for my work but I will complete my volunteer duties in a responsible manner. If I decide to discontinue my volunteer service, I will notify the Volunteer Coordinator.

Further, I hereby certify that I am capable of performing the duties as outlined in the attached scope of volunteer work (check which applies) without accommodation or with the following accommodations:

In consideration of the City of Lake Stevens giving me permission to perform these volunteer services, I agree to the following terms (initial each):

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 the City of Lake Stevens policies regarding personal conduct while performing volunteer services.
3. _____ I agree not to go beyond the scope of volunteer work agreed to without authorization.
4. _____ Should an injury occur during the scope of my service, I understand that the City of Lake Stevens has included my hours of volunteer service in the Washington State Department of Labor and Industries coverage for volunteer workers.
5. _____ I understand that I am to report any on-the-job injury or illness, no matter how minor, to the City of Lake Stevens
6. Depending on the scope of volunteer work, the following policies may apply:
(Please initial the policies reviewed)
_____ Driving
_____ Accident Prevention Program
_____ Machinery/Equipment Operation
_____ Workplace Harassment
_____ Alcohol, Drugs & Intoxicants
_____ Internet & Other Workplace Communication Systems
7. _____ 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.
8. _____ I consent to the City of Lake Stevens performing a national background screening into my history in accordance with the Child and Adult Abuse Information Act (CAAIA) and waive any right of privacy I may have in such information for the limited purpose of my volunteer service and considering it for determining my



suitability as a volunteer. (To be used for volunteers who will have regularly scheduled, unsupervised access to children under sixteen years of age, developmentally disabled persons, or vulnerable adults.)

9. _____ I understand that I or the City of Lake Stevens may terminate this agreement at any time without cause, that I am volunteering my services at will and may be asked to discontinue such without prior notice or reason.
10. _____ I am fully aware that the work associated with being a volunteer involves certain risks of physical injury or death.
11. _____ Being fully informed as to these risks and in consideration of my being allowed to participate in the City of Lake Stevens Volunteer Program, I hereby assume all risk of injury, illness, damage and harm to myself arising from such activities or use of _____ facilities. I also hereby individually and on behalf of my heirs, executors and assignees, release and hold harmless the City of Lake Stevens its officials, employees, volunteers 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, illness, death or other consequences occurring to me arising out of my volunteer activities, except for those caused by the sole negligence of the City of Lake Stevens.
12. _____ I give permission for photos/videos taken of myself during volunteer activities to be used for publicity purposes, without recompense.

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. YES NO

This Agreement will be in effect for the duration of my volunteer services beginning this date.

Dated this _____ day of _____, 20 _____.

If a minor, parent or guardian name	Volunteer, Parent or Guardian Signature
	Address
	Phone Number
	Email

- If a minor, a parent or guardian MUST sign this form