



CITY OF OCEAN SHORES INDIVIDUAL VOLUNTEER SERVICE AGREEMENT

PURPOSE: The purpose of this Agreement is to outline the responsibilities of the City of Ocean Shores ("City") 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.

AGREEMENT FOR NON-COMPENSATED SERVICES: I hereby volunteer my services to the City of Ocean Shores. 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 descriptions of service.

NOT EMPLOYER/EMPLOYEE RELATIONSHIP: It is further understood that this Agreement shall not in any way constitute nor create an employer/employee relationship between the City and the Volunteer. The City shall not be responsible for, nor 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.

Volunteer Name: First, Middle, Last (Please Print)	Home Phone (with area code):	Date of Birth (DOB): ____/____/____
Parent/Guardian (if under 18) Name: (Please Print)	Cell Phone (with area code):	
Address:	Work Phone (with area code):	Name of Emergency Contact:
City, State, Zip:	Email:	Emergency Contact Phone:

I acknowledge and agree that: *(Please initial each of the following)*

- _____ I am not to appear for volunteer service under the influence of any illegal drugs or alcohol.
- _____ I agree to inform the City's representative at the beginning of my volunteer shift if taking any over-the-counter or prescription medications which may impair the ability to perform my volunteer services.
- _____ 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 express authorization.
- _____ I hereby certify that I am capable of performing the proposed volunteer duties described to me by the City (____) without accommodation(s), or (____) with the following accommodation(s): _____.
- _____ I am to be trained on any activity that I am unfamiliar with, I am to learn the City policies that apply to my volunteer services, and it is my responsibility to understand the training/policies or ask questions until I feel confident to perform the activity.

- _____ 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 use any photographs, videotapes, motion pictures or recordings for publicity purposes by the City.
- _____ I have been provided a copy of the City's Volunteer Policy, before I do any volunteer activity, I will read that policy and ask any questions that I may have.

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 of 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 under sixteen years of age, developmentally disabled persons, or vulnerable adults or volunteers who will be working with confidential business information pursuant to RCW 43.43.815.)

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 services without prior notice or reason.

WAIVER & HOLD HARMLESS: I am fully aware that the work associated with being a City Volunteer involves certain risks of physical injury or death. Being fully informed as to these 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 hold harmless the City, its officials, employees 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, death or other consequences occurring to me arising out of my volunteer activities.

LIABILITY COVERAGE: I understand that the City is self insured through the Washington Cities Insurance Authority of (WCIA) 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 liability coverage with WCIA. I am fully aware that a volunteer's intentional misconduct is not protected or covered by the City or WCIA.

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

Dated this _____ day of _____, 20____

Volunteer's Signature

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

For Office Use Only

Form Checked by:	Initials: _____ Date: _____, 20__	WSP Report Needed? (_) Yes (_) No
Volunteer Policy provided:	Initials: _____ Date: _____, 20__	WSP Report Ordered on: _____, 20__
Volunteer's Supervisor:	Name: _____	WSP Report Reviewed on: _____, 20__