

City of Port Orchard
AGREEMENT REGARDING INDIVIDUAL VOLUNTEER SERVICE
WITH THE CITY OF PORT ORCHARD

I _____ hereby volunteer my services to perform only the services as outlined in the scope of volunteer work (detailed below) for the City of Port Orchard. I understand I will not be compensated for my work but I volunteer to do so in a responsible manner. If I decide to discontinue my volunteer service I will notify the City Clerk.

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

In consideration of the City of Port Orchard giving me permission to perform these volunteer services, I agree to the following terms:

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 City 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 has included my hours of volunteer service in the State Labor and Industries coverage for volunteer workers.
_____ I understand that I am to report any on-the-job injury or illness, no matter how minor, to the City Clerk.
5. _____ 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, developmentally disabled persons or vulnerable adults, or who will be working with confidential information.)
6. _____ 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.

7. _____ I agree to hold harmless the City of Port Orchard, its officials, employees and agents for any damage claim or lawsuit for injury, illness or damage or loss of any kind to me arising out of my performance in any way of the volunteer services outlined above.

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

Dated this _____ day of _____, 20 _____.

City of Port Orchard

Volunteer's Signature

Address

City, State and Zip

Phone Number

Scope of Work:

