VOLUNTEER SERVICE AGREEMENT

City of Monroe
806 West Main Street
Monroe, WA 98272-2198
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www.monroewa.gov

This Agreement is made, by and between the City of Monroe, hereinafter referred to as the "City" and _____ hereinafter referred to as the "Volunteer". The purpose of this Agreement is to outline the responsibilities of the 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, including but not limited to, practical work experience, recreational programs, senior programs, and police programs. The Volunteer agrees 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.

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, and compensation or benefits as a result of the Agreement **EXCEPT** for State Labor and Industries Industrial Insurance medical aid coverage.

In consideration of the City giving me permission to perform these volunteer services, I understand that:

☐ I am not to appear for volunteer service under the influence of any drugs or alcohol. I agree to inform the supervisor at the beginning of the shift if taking any over-the-counter or prescription medications which may impair my ability to perform volunteer duties.

☐ I am not to have child(ren) with me, during my volunteer activities, that are under 14 years of age. If I do bring with me any child(ren) under 14 years of age (**which is a violation of this agreement)**, I understand I will be held solely liable, and assume all risk of liability, for my child(ren)'s actions and agree to hold the City harmless from any and all such related claims against the City; except for injuries and damages caused by the sole negligence of the City.

☐ 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.

☐ 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 and I understand that I am to report any on-the-job injury or illness, no matter how minor to my assignment coordinator/supervisor.

☐ I have been trained on any activity that I am unfamiliar with, corresponding policies have been reviewed with me, and it is my responsibility to understand them completely or ask questions until I feel confident to perform the assigned tasks.

☐ Depending on the scope of volunteer work, the following policies may apply: Driving, Safety Procedures, Computer Operation, Dress Code, Anti-Harassment, Confidentiality.

BACKGROUND CHECKS: I consent to the City performing a background check into my history in accordance with RCW 43.43.830-845 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.)

TERMINATION: I understand that I or the City may terminate this agreement at any time without cause, an 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 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 or equipment. I also hereby individually and on behalf of my heirs, executors and assignees, release and hold harmless the City of Monroe, its officials, employees, authorized 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, 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 (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: _____

_____ _____
Signature of Volunteer Date

_____ _____ _____ _____
Address ST Zip Phone

Do you have any medical conditions, physical or emotional, that the City should be aware of prior to placement in a volunteer position?

☐ Yes ☐ No If yes, please explain: _____