



# VOLUNTEER SERVICE AGREEMENT

I (*printed name*) \_\_\_\_\_ hereby volunteer my services to perform only the services described as the scope of volunteer work for the City of Milton. 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 Supervisor as soon as possible.

Scope of Volunteer Work:

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Further, I hereby certify that I can perform the duties as outlined in the scope of volunteer work

(check which applies)

- without accommodation or  
 with the following accommodations:

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In consideration of the City of Milton 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 City of Milton 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 Milton 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 Volunteer Supervisor.

6.  I consent to the City of Milton 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 considering it for determining my suitability as a volunteer
7.  I understand that I or the City of Milton 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.
8.  I am fully aware that the work associated with being a 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 Volunteer Program, I hereby assume all risk of injury, damage and harm to myself arising from such activities or use of City of Milton facilities. I also hereby individually and on behalf of my heirs, executors and assignees, release and hold harmless the City of Milton, 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, 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 Milton.
9.  I give permission for photos/videos taken of myself during volunteer activities to be used for publicity purposes, without recompense.
10.  I understand that if I drive a vehicle to the Volunteer Work or during the course of my volunteer work, my personal vehicle insurance provides coverage;
11.  I understand that if no City personnel is present during the event, then I am to call 911 in the event of any emergency, and that any injuries incurred during the event shall be reported to the City within two working days;
12.  I understand that this Agreement shall not in any way constitute nor create an employer/employee relationship between the City and the Volunteer.
13.  I understand that if I find anything hazardous or suspected to be hazardous, I shall not touch it, but shall notify City personnel as soon as possible. I shall not pick up syringes, broken glass or other sharp materials, or exceptionally large, heavy or unyielding objects I understand that this Agreement shall not in any way constitute nor create an employer/employee relationship between the City and the Volunteer.
14.  I understand that if I am signing this form on behalf of my minor child, all of the rules and requirements included in this Agreement apply to their participation. I further understand that it is my responsibility to inform my minor child of these rules and requirements and to ensure their compliance with them.

YES  NO  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.

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

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Volunteer's Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Birthdate

\_\_\_\_\_  
Email

\_\_\_\_\_  
Parent/Legal Guardian Signature if Under 18

\_\_\_\_\_  
Printed Parent/Legal Guardian Name

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
State of Issue

\_\_\_\_\_  
Emergency Contact Name

\_\_\_\_\_  
Phone Number

Please provide any other names that you have used, either first or last.

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Please return completed application to City Hall or email to [cityclerk@cityofmilton.net](mailto:cityclerk@cityofmilton.net).