



City of Vancouver Volunteer Agreement Waiver and Release

The purpose of this Agreement, Waiver and Release is to document the terms and conditions under which the Volunteer will be providing volunteer services to the City of Vancouver.

Volunteer name: First Last (please print)	Date of Birth (DOB)	Parent/Guardian, if under 18 (please print):
Address:	Contact Phone (with area code):	Email:
Emergency contact name:	Emergency contact relationship:	Emergency contact phone:

General scope of services to be provided:

Volunteer role title (attach a copy of applicable volunteer description).

AGREEMENT FOR NON-COMPENSATED SERVICES: I hereby volunteer my time and services to the City of Vancouver, which in turn permits me to volunteer in the activity referenced above and/or utilize any City facility or equipment in connection with the volunteer activity listed above. It is further understood that this Agreement, Release and Waiver shall not in any way constitute nor create an employer/employee relationship between the City of Vancouver and the Volunteer. The City shall not be responsible for, nor liable for, nor shall the applicant be eligible to receive, any compensation or benefits as a result of this Agreement. 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. Volunteers who are acting within the scope of their assigned volunteer task and following all associated instruction/direction will be provided legal representation and protection as outlined in Vancouver Municipal Code 2.46 if claim or suit is brought against said volunteer.

I further understand that: *(Please initial the following.)*

_____ I hereby identify that I am capable of performing duties without accommodation, or with the following accommodation(s):_____.

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

_____ I will abide by all department policies regarding personal conduct while performing volunteer services.

_____ I agree not to go beyond the scope of volunteer work agreed to without specific authorization in advance.

_____ I will have training on any activity that I am unfamiliar with, learn the corresponding policies, and it is my responsibility to understand them completely or ask questions until I feel confident to perform them.

_____ I understand that I am to report any on-the-job injury or illness, no matter how minor, to the Volunteer Coordinator. I authorize emergency medical care if it should become necessary.

_____ I grant full permission to use any photographs, videotapes, video clips, or recordings for publicity purposes by the City of Vancouver.



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WAIVER AND HOLD HARMLESS:

_____ On behalf of myself, my estate or personal representative thereof, my heirs and assigns, I hereby forever release the City of Vancouver, its officers, employees and agents, co-sponsoring organizations or volunteers from any claims for damages for injuries to myself or my property arising from or in any way related to, my service as a volunteer in City of Vancouver events. I am fully aware that the work associated with being a City of Vancouver Volunteer involves certain risks of physical injury or death. I assume all risks that are associated with my participation in the above described activity, and I accept full responsibility for the cost of treatment for any injury suffered by myself while taking part in this activity. I understand that I am not an employee or agent of the City and that I have no claim to any industrial insurance (i.e., workers compensation) or other healthcare-related benefits.

_____ I agree to comply with all applicable laws, statutes, ordinances, rules and requirements and use appropriate safety measures.

SUSPENSION OF VOLUNTEER AGREEMENT:

I understand that the City of Vancouver or I may suspend 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.

I EXPRESSLY AGREE THAT THIS AGREEMENT, RELEASE AND WAIVER IS INTENDED TO BE AS BROAD AND INCLUSIVE AS PERMITTED BY WASHINGTON LAW AND THAT IF ANY PORTION THEREOF IS HELD INVALID, NOTWITHSTANDING, THE BALANCE SHALL CONTINUE IN FULL LEGAL FORCE AND EFFECT.

BY SIGNING BELOW, I CERTIFY THAT I AM OVER THE AGE OF 18, HAVE READ THE FOREGOING TERMS, UNDERSTAND THEM FULLY, AND AGREE TO THE SAME.

This Agreement will be in effect for the duration of my volunteering services beginning this date: _____ day of _____, 20_____.

Volunteer's Signature

Volunteer's Name (print)

Volunteers under age 18 must have a parent or guardian sign below, acknowledging that they are aware their dependent is volunteering, and that they have read this form and consent to the agreement, including the following: I understand and agree that this Release and Hold Harmless Agreement governs any action resulting from property loss, damage, bodily injury, or death that may result from my child's participation in these volunteer activities. I understand that, by signing this Waiver, I am not waiving any rights or claims my child may have for his/her own damage or injury resulting from his/her participation in this activity.

Signature of Parent/Guardian (if volunteer is under 18 years of age)