



CITY OF SPOKANE VOLUNTEER AGREEMENT WAIVER AND RELEASE

APPLICATION

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 Spokane.

Volunteer information for: _____ Supervisor: _____

Adult Under 18 (parent signature required) _____

Volunteer Name: _____ Date of Application: _____

Address: _____ City: _____ State: _____ Zip: _____

Preferred Phone Contact: (____) _____ Email: _____

Goal or purpose of your volunteer service: _____

Total desired commitment is _____ hours per _____ from _____ until _____

Type of volunteer work desired

- | | | |
|--|---|---|
| <input type="checkbox"/> Administrative/Clerical | <input type="checkbox"/> Fire mitigation | <input type="checkbox"/> Therapeutic Recreation |
| <input type="checkbox"/> Athletics/Sports | <input type="checkbox"/> Mulching & weeding | <input type="checkbox"/> Tree planting & watering |
| <input type="checkbox"/> Aquatics & pools | <input type="checkbox"/> Outdoor recreation | <input type="checkbox"/> Trail Maintenance |
| <input type="checkbox"/> Art enrichment | <input type="checkbox"/> Parks & gardening | <input type="checkbox"/> Other |
| <input type="checkbox"/> Internship | <input type="checkbox"/> Special events | Describe: _____ |

Previous Employment and/or Volunteer Experience: _____

Related Experience and/or Special Related Experience and/or Special Interest: _____

Education/Certifications (*i.e.*, Washington license, professional license, First Aid/CPR): _____

Are you completing required volunteer hours for educational credits or for court ordered community service?

Yes No If yes, please identify institution/organization: _____

Age (optional): 14-18 18-27 28-37 38-47 48-60 61-80 81+

Availability	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours							

Emergency Contact: Name _____ Phone: _____ Relationship: _____

AGREEMENT AND WAIVER/RELEASE

AGREEMENT FOR NON-COMPENSATED SERVICES: I hereby volunteer my time and services to the City of Spokane, 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 Spokane 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.

CONFIDENTIALITY AGREEMENT: as volunteer of for the City of Spokane, I understand that I may be granted access to confidential information, including health information. I understand that I am granted this access only for the duration of my volunteer assignment, and that I must hold all such information in the strictest confidence, both during and after my volunteer assignment. When I must discuss or otherwise share confidential information in the course of my volunteer assignment, I will use discretion to ensure that I share that information only with those who have a need to know it to perform their duties and only to the extent necessary for them to do so.

I further understand that:

1. I hereby identify that I am capable of performing duties without accommodation, or with the following accommodation(s): _____.
2. I am not to appear for volunteer service under the influence of alcohol or any illegal 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.
3. I will abide by all City policies regarding personal conduct while performing volunteer services.
4. I agree not to go beyond the scope of volunteer work agreed to without specific authorization in advance.
5. I will have training on any activity where I am unfamiliar and learn any corresponding policies. It is my responsibility to understand the activity and duties completely *or* to ask questions until I feel confident to perform the activity.
6. I hereby consent to first aid, emergency medical care, and, if necessary, admission to an accredited hospital when necessary for executing such care, for treatment of injuries that I may sustain while volunteering for the City of Spokane.
7. I understand that it is my obligation to have a health insurance policy in effect while volunteering for the City of Spokane and to otherwise be responsible for any and all medical expenses which may be incurred while participating in the volunteer activity.
8. I grant full permission to use any photographs, videotapes, video clips, or recordings for publicity purposes by the City of Spokane.

WAIVER AND HOLD HARMLESS: I am fully aware that the work associated with being a City of Spokane Volunteer involves certain risks of physical injury, property damage, or death. In consideration for the experience and other personal benefits gained by being permitted to volunteer for the City of Spokane, to the maximum extent permitted by law, I voluntarily assume all risks of bodily injury or property damage associated with participation. I agree to defend, indemnify, and save harmless the City of Spokane, its appointed and

elected officers, employees, agents, and representatives from and against all loss or expense including but not limited to judgments, settlements, attorney fees, and costs for bodily injury, death, or property damage arising out of any act or omission under or in connection with my volunteering except only such injury as shall have been occasioned by the sole negligence of the City of Spokane, its appointed and elected officers, employees, agents, or representatives. To the extent any of the damages referenced herein were caused by or resulted from the concurrent negligence of the City of Spokane, its elected and appointed officers, employees, agents, or representatives and others, this obligation to indemnify, defend, and hold harmless is valid and enforceable to the extent of the negligence of the volunteer. Further, I understand that I am not an employee or agent of the City of Spokane and that I have no claim to any industrial insurance (i.e., workers compensation) or other healthcare-related benefits. (initial) _____

Suspension of Volunteer Agreement: I understand that the City of Spokane 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:

Dated this _____ day of _____, 2018.

Volunteer's Signature

Volunteer's Name (print)