



## *City of Shoreline*

17500 Midvale Avenue North  
Shoreline, WA 98133-4921  
(206) 801-2700 Fax (206) 546-7868

### **INDIVIDUAL VOLUNTEER SERVICE AGREEMENT**

I hereby volunteer my services to perform volunteer work for the City of Shoreline. I understand I will not be compensated for my work but I volunteer to do the work in a responsible manner and to abide by all relevant city policies. If I decide to discontinue my volunteer service I will notify the City of Shoreline.

I understand 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 applicant be eligible to receive, any compensation or benefits as a result of this 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 the following:

- I will abide by all City policies regarding personal conduct while performing volunteer service.
- I agree not to go beyond the scope of volunteer work agreed to without authorization.
- I am to be trained 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 or the City may terminate this agreement at any time without cause, and that I am volunteering my service at will and may be asked to discontinue such without prior notice or reason.
- 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 the ability to perform volunteer duties.
- I am not to have children with me during my volunteer activities that are under 14 years of age. *If you have children under 14 years of age accompanying you to the event, please sign acknowledgment on back of form.*
- Should an injury occur during the scope of my service, I understand that:
  - √ The City of Shoreline has included my hours of volunteer service in the State Labor and Industries coverage for volunteer workers; and
  - √ I am to report any on-the-job injury or illness, no matter how minor to supervisor.

**WAIVER & 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. I also hereby individually and on behalf of my heirs, executors and assignees, release and hold harmless the City, its officials, employees 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.

***NOTE: A parental or guardian signature is required (p. 2) for YOUTH UNDER 18 YEARS OLD***

**SCOPE OF WORK** (to be filled in by City staff supervisor)

Task(s): \_\_\_\_\_  
\_\_\_\_\_

Location: \_\_\_\_\_ Date(s): \_\_\_\_\_

Project Supervisor: \_\_\_\_\_ Staff Contact: \_\_\_\_\_

\_\_\_\_\_  
**Signature of volunteer**

\_\_\_\_\_  
**Date**

**VOLUNTEER CONTACT INFORMATION**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Email: \_\_\_\_\_

**FOR YOUTH AGES 14-17 (to be filled out by parent/guardian):**

\_\_\_\_\_ has my permission to accept an assignment as a  
volunteer for the City of Shoreline and I acknowledge that \_\_\_\_\_ is 14 years or older.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

**FOR YOUTH UNDER 14 YEARS OF AGE (to be filled out by parent/guardian):**

I acknowledge that I am volunteering my time for the \_\_\_\_\_ program sponsored  
by the City of Shoreline on \_\_\_\_\_. I understand that the City of Shoreline does not  
recommend bringing children under the age of 14 years to City-sponsored community service volunteer events. I  
further understand that if I bring my children under the age of 14 years, I, not the City of Shoreline, am responsible for  
supervising the children.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

**FOR ONE DAY EVENTS**

Event Date: \_\_\_\_\_ Hours Volunteered: \_\_\_\_\_

For one day event: please return form to City of Shoreline staff supervisor on-site at the event.  
For ongoing volunteer work, please mail to the City of Shoreline staff contact at

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