



# CITY OF PROSSER, WA

601 7th Street, Prosser, Washington 99350 (509)786-2332 Fax (509)786-3717

## ADULT VOLUNTEER AGREEMENT

I, \_\_\_\_\_, hereby volunteer my services to perform only the services directly authorized by City of Prosser ("City") staff (as outlined in the attached job description for the City). I understand I will not be compensated for my work, and I perform my volunteer activities in a responsible manner. I hereby identify that I am capable of performing the outlined volunteer activities.

My **ONGOING** volunteer services will commence on \_\_\_\_\_. If I decide to discontinue volunteer service, I will notify the City of Prosser City Clerk.

I understand and agree that:

- I am not to appear for volunteer service under the influence of any drugs or alcohol;
- I agree to comply with the terms of the Volunteer Policy of the City of Prosser;
- I will not be driving a City vehicle while performing these volunteer duties. If I choose to use my own vehicle, I fully understand that I must be a licensed driver, have vehicle liability insurance, and obey all safe driving rules. I agree that my vehicle insurance is the only insurance available in the event of a claim due to my voluntary driving during this activity and the City has no coverage for my vehicle and will not cover any damage or injury incurred as a result of that use. The City does not encourage you to use your own vehicle at any time;
- I may be entitled to receive full coverage for medical treatment required, if the injury was incurred during qualified volunteer participation, under the medical aid provisions of the Worker's Compensation Act, which is administered by the Department of Labor and Industries, but not for loss of time because of injury or illness, or for lasting disability or death. It will be my responsibility to notify the treating medical facility that this is a volunteer "on-the-job" injury to receive such coverage. I am aware the incident is subject to routine investigation for verification purposes and is not a guarantee of coverage if it is determined not to be a volunteer associated injury. I must also report any "on-the-job" injury or illness, no matter how minor, to my supervisor through an incident report;
- The City shall inform me of any necessary personal protective equipment, as required for the scope of the activities by the Washington Industrial Safety and Health Act, and I agree to utilize it (it may be provided by myself or the City);
- I give permission for photos/videos taken of myself during volunteer activities to be used for publicity purposes, without recompense;
- I understand that I will not have any children with me during this activity;
- I understand 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;
- The City may terminate this agreement at any time without cause pursuant to the terms of the City's Volunteer Policy and I understand I am volunteering my services at will and may be asked to discontinue without prior notice or reason. I may also terminate this agreement at any time without prior notice; and
- I am fully aware of the special dangers and risks inherent in the activities that I may volunteer for on behalf of the City and I hereby assume all risk of liability. I also waive any right of recovery for myself, my heirs, executor, or personal representatives, from, or to bring suit against, the City and their responsive officers, officials, employees and volunteers, holding them harmless from any and all claims for any personal injury, loss, death, damage, or other consequences to myself arising out of my voluntary participation in an activity, except for injuries and damage caused by the sole negligence of the City.

This agreement will be in effect for the duration of my volunteer service beginning on the date listed above, unless amended in writing.

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

Signature of Volunteer \_\_\_\_\_ Printed Name \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone Number: ( ) \_\_\_\_\_

Emergency Contact Name and Day & Evening Phone: \_\_\_\_\_ Day: ( ) \_\_\_\_\_ Eve: ( ) \_\_\_\_\_

Coaching:  T-Ball  Mini-Ball  Softball  Baseball Shirt Size: \_\_\_\_\_

Accepted by the City: \_\_\_\_\_

MAYOR

DATE

**NOTE: This form is subject to public disclosure.  
This institution is an equal opportunity provider and employer.**