



CITY OF PROSSER, WA

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

MINOR VOLUNTEER AGREEMENT

I, _____, hereby volunteer my services to perform only the services 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 **ONE-TIME** volunteer service will commence on _____ and end on _____.

OR

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;
- Since I am over 14 years old only (per State law) for summer recreation programs or 12 yrs. and under for swimming pool programs as per American Red Cross Standards. 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 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; and
- 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.

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 _____

(Parent or Guardian must also sign waiver below.)

Home Address: _____

Home Phone Number: (____) _____

Emergency Contact Name and Day & Evening Phone: _____ Day: (____) _____ Eve: (____) _____

I, certify that I am the parent or legal guardian of _____, age _____, the above stated minor, and I agree that this minor shall abide by all the terms and conditions of this agreement. I am fully aware of the special dangers and risks inherent in the activities that this minor may volunteer for on behalf of the City and I hereby assume all risk of liability of this minor's actions while volunteering. I also waive any right of recovery for myself, and on behalf of any other parent or guardian to whom I am directly related and from which I may benefit, to bring suit against the City of Prosser and their responsive officers, officials, employees and volunteers, holding them harmless from any and all claims for personal injury, loss, death, damage, or other consequences to this minor from this minor's volunteer activities; except for injuries and damages caused by the sole negligence of the City of Prosser.

Signature of Parent or Legal Guardian

DATE

Printed Name of Parent or Legal Guardian Signing Above _____

Accepted by the City: _____

MAYOR

DATE

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