



CITY OF MERCER ISLAND PARKS & RECREATION VOLUNTEER SERVICE AGREEMENT

I _____ hereby volunteer my services to perform only the services as
(print name)
outlined in the attached scope of volunteer work for the CITY OF MERCER ISLAND Department of PARKS & RECREATION ("City"). I understand I will not be compensated for my work but I will complete my volunteer duties in a responsible manner. If I decide to discontinue my volunteer service I will notify the PARKS & RECREATION Department.

In consideration of the City giving me permission to perform these volunteer services, I agree to the following terms (**initial each**):

1. _____ I understand that this Agreement shall not in any way constitute nor create an employer/employee relationship between the City and myself. 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.
2. _____ I understand that I am not to appear for volunteer service under the influence of any drugs or alcohol.
3. _____ I will abide by all relevant policies regarding personal conduct while performing volunteer services.
4. _____ I agree not to go beyond the scope of volunteer work agreed to without authorization.
5. _____ I hereby certify that I am capable of performing the duties without accommodation, or with the following accommodation(s): _____
6. _____ Should an injury occur during the scope of my service, I understand that the City has included my hours of volunteer service in the Washington State Department of Labor and Industries coverage for volunteer workers.
7. _____ I understand that I am to report any on-the-job injury or illness, no matter how minor, to the Project Supervisor.
8. _____ Depending on the scope of volunteer work, the following policies may apply: Driving, Accident Prevention Program, Machinery/Equipment Operation, Anti Harassment, Alcohol, Drugs & Intoxicants, Internet & Other Workplace Communication Systems.
9. _____ I understand that I or the City may terminate this agreement at any time without cause, that I am volunteering my services at will and may be asked to discontinue such without prior notice or reason.
10. _____ I am fully aware that the work associated with being a 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, volunteers 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, except for those caused by the sole negligence of the City.

11. _____ 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.
12. _____ I give permission for photos/videos taken of myself during volunteer activities to be used for publicity purposes, without recompense.

This agreement will be in effect for the duration of my volunteer services beginning this date.

Dated this _____ day of _____, 20 _____.

Volunteer's Signature

Address

Phone Number

Parent/Legal Guardian's Name

Parent/Legal Guardian's Signature
(for volunteers under the age of 18)