



City of Bothell™

City of Bothell, Washington

Individual Volunteer Service Agreement

This form must be completed for each volunteer and submitted to the City prior to volunteering.

Purpose: The purpose of this Agreement is to outline the responsibilities of the City of Bothell in providing volunteer opportunities, and to create an understanding between the City and the volunteer. The Agreement shall apply to persons voluntarily performing non-compensated services for the City.

Volunteer Name: First and Last (Please Print)	Home Phone (with area code)	Volunteer Cell Phone (with area code)
Date of Birth (DOB)	Parent/Guardian Name (if under 18)	Parent Cell Phone (if different than Vol Phone)
Street Address	City, State, Zip	E-mail
Emergency Contact Name: First and Last	Emergency Contact Relationship	Emergency Contact Phone

I hereby volunteer my services to perform only the services as outlined in the attached scope of volunteer work for the City of Bothell. I understand I will not be compensated for my work, but will volunteer to do so in a safe, responsible manner. If I decide to discontinue my volunteer service, I will notify the City's Volunteer Coordinator.

Further, I hereby certify that I am capable of performing the duties as outlined in the attached scope of volunteer work (check which applies) () without accommodation or () with the following accommodations:

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

1. _____ 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.
2. _____ I will abide by all City policies regarding personal conduct while performing volunteer services, including following COVID-19 protocols required by the City of Bothell.
3. _____ I agree not to go beyond the scope of volunteer work agreed to without authorization from the appropriate City representative.
4. _____ Depending on the scope of volunteer work, the following policies may apply: driving, safety, computer operation, discipline policy, dress code, anti-harassment, confidentiality, code of ethics, workplace violence prevention and drug-free workplace.
5. _____ I am to be trained on any activity that I am unfamiliar with; I will learn the corresponding policies, and it is my responsibility to understand them completely or ask questions until I feel confident to perform them.
6. _____ Should an injury occur during the scope of my service, I understand that the City will include my hours of volunteer service in the Washington State Labor and Industries coverage for volunteer workers. Note to Parents/Guardians: Labor and Industries does not provide coverage for those under the age of 14 who are injured while volunteering unless the minor is a Student Volunteer, enrolled in a public school who is working as a volunteer under a program authorized by the public school (see RCW 28A.150.010 for the definition of "public school").
7. _____ I am to report any on-the-job injury or illness, no matter how minor, to the appropriate City of Bothell representative.

(Continued on back)

8. _____ I consent to the City performing a background check into my history and waive any right of privacy I may have for the limited purpose of the City considering it for determining my suitability as a volunteer. (To be used for volunteers who will have regularly scheduled, unsupervised access to children under sixteen years of age, developmentally disabled persons, or vulnerable adults).
9. _____ I understand that I or the City may terminate this agreement at any time without cause, and that I am volunteering my services at will and may be asked to discontinue my volunteer service without prior notice or reason.
10. _____ In addition, the novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend physical distancing and have, in many locations, prohibited the congregation of groups and people. The City of Bothell has put in place preventative measures to reduce the spread of COVID-19; however, the City of Bothell cannot guarantee that I, or any other person, will not become infected with COVID-19. Further, volunteering for the City of Bothell could increase my risk of contracting COVID-19. I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk I may be exposed to or infected by COVID-19 by volunteering for the City of Bothell and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 while volunteering for the City of Bothell may result from the actions, omissions, or negligence of myself and others, including but not limited to the City of Bothell employees and volunteers, and their families.
11. _____ I grant permission for any photos/videos taken of myself during volunteer activities to be used for publicity purposes by the City, without recompense. If I am signing for my minor child, I, the undersigned parent or guardian, do hereby grant permission to the City of Bothell to use any photos/videos of the minor child named above for publicity purposes by the City.
If you do not agree, please sign here. _____
12. _____ I authorize any necessary emergency medical treatment that might be required for me in the event of physical injury and/or accident to me while participating in this program.
If you do not agree, please sign here. _____

AND I FURTHER AGREE AS FOLLOWS:

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 of Bothell Volunteer Program, I hereby assume all risk of injury, illness, damage and harm to myself arising from such activities or use of facilities. I also hereby individually and on behalf of my heirs, executors and assignees, release and hold harmless the City of Bothell, 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, illness, death or other consequences occurring to me arising out of my volunteer activities, except for those caused by the sole negligence of the City of Bothell.

Signature of Volunteer Participant

Date

PARENT/LEGAL GUARDIAN PERMISSION, RELEASE AND ASSUMPTION OF LIABILITY

I certify that I, (print name) _____ am the Parent/Legal Guardian of the minor participant named above. I hereby grant my permission for the minor child named above to participate in the City's Volunteer Program. On behalf of myself and the minor child named above, and in consideration of allowing the minor child to participate in the City's Volunteer program, release and hold harmless the City of Bothell, 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 injury, death or other consequences occurring to the minor named above arising out of volunteer activities, except for those caused by the sole negligence of the City of Bothell.

As Parent/Legal Guardian of the minor child volunteer named above I, (print name) _____ authorize any necessary emergency medical treatment that might be required for the minor named above in the event of physical injury and/or accident while participating in the City's Volunteer Program. Every effort will be made to contact the Parent/Legal Guardian prior to any treatment.

Signature of Parent/Legal Guardian

Date