



Address:
100 3rd Ave SE
Pacific, WA 98047

Phone & Fax:
Ph: (253) 929-1100
Fax: (253) 887-9910

Website:
www.pacificwa.gov

Adopt-A-Drain Program Volunteer Service Agreement

INDIVIDUAL VOLUNTEER SERVICE AGREEMENT

I hereby volunteer my services to perform volunteer work for the City of Pacific. 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 Pacific.

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 and agree to 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 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 I am 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 volunteer service, I understand that:

- The City of Pacific 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 a supervisor.

WAIVER & HOLD HARMLESS: 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 further agree to 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, unless the claim is the result of the City's sole negligence.

LIABILITY COVERAGE: I understand that the City is self insured through the Association of Washington Cities Risk Management Service Agency (AWC RMSA) 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 AWC RMSA. I am fully aware that a volunteer's intentional misconduct is not protected or covered by the City or AWC RMSA.

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

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

Task(s): Clean and remove leaves and debris from storm drains as described in the City of Pacific
Adopt-A-Drain Program Guidelines.

Location: _____ Dates: _____

Project Supervisor: _____ Staff Contact: April Shrader: (253) 929-1126
ashrader@ci.pacific.wa.us

Signature of Volunteer _____ **Printed Name** _____ **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 Pacific and I acknowledge that _____ is 14 years or older.

Signature of Parent/Guardian Printed Name 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 Pacific on _____. I understand that the City of Pacific 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 Pacific, am
responsible for supervising the children.

Signature of Parent/Guardian Printed Name Date

FOR ONE DAY EVENTS

Event Date: _____ Hours Volunteered: _____

For one day event: please return form to City of Pacific staff supervisor on-site at the event.

For ongoing volunteer work, please mail to the City of Pacific staff contact at

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