



City of Kirkland Individual Volunteer and Youth (Under 18) Service Agreement

Welcome to the City of Kirkland team! By signing below, you agree to volunteer your services to the City of Kirkland and to perform only the activities agreed to by the City.

I agree to the following:

- That if I drive a vehicle to the volunteer site or during the course of my volunteer activity, my personal vehicle insurance provides coverage.
- That I shall not appear for volunteer service under the influence of alcohol or illegal drugs. I agree not to go beyond the scope of assigned volunteer duties without authorization.
- That if City personnel is conditionally unavailable during the event, then I am to call 911 in the event of any emergency during the volunteer event, and that any injuries incurred during the event shall be reported to the City immediately. 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 volunteering.
- That if I find anything hazardous or suspected to be hazardous, I shall not touch it, but shall notify City personnel as soon as possible. I shall not pick up syringes, broken glass or other sharp materials, or exceptionally large, heavy or unyielding objects.
- I understand that any information provided in the volunteer application process, and emails sent or received by City employees and volunteers, will constitute a public record and may be subject to disclosure under the Public Records Act (RCW 42.56).
- **That any photographs, video, motions pictures or recordings taken of myself may be used for publicity purposes for the City, without recompense.**
- I understand that any information provided in the volunteer application process, and emails sent or received by City employees and volunteers, will constitute a public record and may be subject to disclosure under the Public Records Act (RCW 42.56).
- That the City will include my hours of volunteer service in the State Labor and Industries medical coverage for volunteers, as recorded below. **Parents: Because Labor and Industries does not cover those under the age of 14, if your child is under the age of 14 and is injured while volunteering, your own personal medical insurance will provide coverage. Adults: If you sign in for a minor under 14, you must stay to supervise that minor for the duration of the event.**
- That I am fully aware that the activity associated with being a City volunteer involves certain risks of physical injury or death. That volunteer activity may involve difficult conditions, uneven terrain, unanticipated natural hazards, use of equipment, and/or strenuous manual labor, and I am dressed appropriately for this. Being fully informed as to these risks and in consideration of my being allowed to participate as a volunteer, 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 of Kirkland 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, or in any way connected to, my volunteer duties, except for those caused by the sole negligence of the City. Further, I assume liability for any non-participants who accompany them.
- The City may send me email announcements of additional City of Kirkland and/or City-sponsored event volunteer opportunities. I can choose to opt out of receiving such emails by checking this box: **Opt out**

Volunteer Name:		Volunteer Signature:	
Volunteer under age 14? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, see agreement above)</i>		Date: / /	
		Minors (younger than 18 years): Parent's Signature Required:	
Volunteer E-mail:		Emergency Contact Name:	Emergency Contact Phone:
Date of Event/Activity:	Event Total Hours:	Park(s):	Event Organizer Name:
Volunteer Street Address:		Your Group Affiliation:	Volunteer Phone Number: