



152 W. Cedar Street, Sequim, WA 98382  
 PH (360) 683-4139

**APPLICATION AND AGREEMENT  
 REGARDING INDIVIDUAL VOLUNTEER SERVICE WITH THE CITY OF SEQUIM**

This Application and Agreement provides opportunities to persons who wish to volunteer their time and skills to the City of Sequim without any present or future expectation of compensation. If the City accepts your Application for Individual Volunteer Service, the resulting Agreement creates a binding understanding between you and the City. A Volunteer’s responsibilities and duties are described more fully in the orientation materials and the City’s Volunteer Program Operating Plan and Participation Guidelines that will be provided to you upon acceptance.

Volunteer Name: First, Middle, Last (Please Print)											
Parent/Guardian Name (if under 18):	Cell Phone (with area code):										
Address:	Home Phone (with area code):										
City, State and Zip Code:											
Email Address:											
Emergency Contact Name:	Emergency Contact Phone:										
Volunteer services I wish to provide: <table style="width:100%; border:none;"> <tr> <td style="width:50%; vertical-align:top;"><u>Office Assistance:</u></td> <td style="width:50%; vertical-align:top;"><u>Field Work/Recreation:</u></td> </tr> <tr> <td>Concierge</td> <td>Landscaping Maintenance</td> </tr> <tr> <td>General Office</td> <td>Storm Drain Stenciling</td> </tr> <tr> <td>Other</td> <td>Fire Hydrant Painting</td> </tr> <tr> <td></td> <td>Creek Maintenance</td> </tr> </table>		<u>Office Assistance:</u>	<u>Field Work/Recreation:</u>	Concierge	Landscaping Maintenance	General Office	Storm Drain Stenciling	Other	Fire Hydrant Painting		Creek Maintenance
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Concierge	Landscaping Maintenance										
General Office	Storm Drain Stenciling										
Other	Fire Hydrant Painting										
	Creek Maintenance										
Special accommodations I need:											
If my Application is accepted, I agree to comply with all relevant City policies and procedures and to perform my volunteer services in a safe, responsible manner. I understand that I will not be compensated in any way for my services, and that I am not eligible to receive any benefits as a result of this Agreement EXCEPT for State Labor and Industries Industrial Insurance medical aid coverage if I suffer an injury or illness while performing services for the City.											

I agree that if I decide to discontinue my volunteer service, I will notify the Volunteer Coordinator or other designated supervisor as far in advance as possible.

Further, I certify that I am capable of performing the services that I have volunteered for. If I am unable to do so for any reason, I will immediately notify the Volunteer Coordinator or other designated supervisor so that a suitable accommodation can be found, or the tasks can be reassigned.

In consideration of the City of Sequim accepting my volunteer services, I understand and agree to the following specific terms as shown by my initials on each provision below:

1. \_\_\_\_\_ I will abide by all laws and all City rules and policies regarding personal conduct while performing volunteer services.
2. \_\_\_\_\_ I understand that I must not appear for volunteer service under the influence of any drugs or alcohol. I agree to inform my supervisor before my shift if I am taking any over the counter or prescription medications that might impair my ability to perform my tasks.
3. \_\_\_\_\_ I agree never to perform services I have not been assigned and trained to do, or to deviate from the scope of duties in my work description. I agree to remind my supervisor or inform members of the public of this limitation if anyone asks me to perform a task outside the scope of my duties.
4. \_\_\_\_\_ I agree to be trained or retrained on my assigned tasks and that it is my responsibility to work with my supervisor until I feel competent to perform them correctly and in accordance with City policy.
5. \_\_\_\_\_ I understand that the City will include my hours of volunteer service in its State Labor and Industries coverage.
6. \_\_\_\_\_ I understand that I must report any on-the-job injury or illness, no matter how minor, to the Volunteer Coordinator or my designated supervisor.
7. \_\_\_\_\_ I consent to the City performing a background check in accordance with state law to determine my suitability as a volunteer.
8. \_\_\_\_\_ I understand that the City may terminate this agreement at any time without cause.
9. \_\_\_\_\_ I agree on behalf of myself and my heirs to defend, indemnify, and hold harmless the City of Sequim, its officers, officials, employees, volunteers, and agents from and against any claims for liability or lawsuits of any kind by any other person or entity that arise out of my performance as a volunteer, except for those claims for injury or damages caused by the sole negligence of the City.
10. \_\_\_\_\_ I understand that this agreement will be in effect for the duration of my service as a volunteer and that certain provisions may survive its expiration, including without limitation the indemnification and hold harmless.

Signed under penalty of perjury under the laws of the State of Washington on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_ [city], \_\_\_\_\_ [state].

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Parent or Guardian Signature (Under 18)

**FOR OFFICIAL USE ONLY**

Date received: \_\_\_\_\_

Accepted/Rejected: \_\_\_\_\_

Dept placement: \_\_\_\_\_

Supervisor Assigned: \_\_\_\_\_

Signature of Volunteer Coordinator: \_\_\_\_\_