



Parks and Community Services Department
PO Box 90012
Bellevue, WA. 98009-9012

INDIVIDUAL VOLUNTEER SERVICE AGREEMENT AND PARTICIPANT ASSUMPTION OF RISK AND RELEASE

I, _____, hereby volunteer my services to the City of Bellevue, without compensation, and agree to perform only the services as outlined in the Volunteer Opportunity Description.

I understand that my participation in City of Bellevue programs, operations, and/or maintenance activities is a voluntary activity and that I am donating my labor, free of choice, and agree to perform assigned tasks in a responsible manner. Furthermore, in consideration of permission to participate in said volunteer activity, I hereby agree to **ASSUME THE RISKS OF PROPERTY DAMAGE, INJURY, ILLNESS, OR DEATH** associated with participation in this activity; I agree to **RELEASE** the City of Bellevue, its employees, agents, representatives, and volunteers from any or all liability that may arise in connection with this activity; I agree that the terms hereof shall serve as an **ASSUMPTION OF RISKS AND RELEASE** for my heirs, estate, executor, administrator, assignees, and for all members of my family. Furthermore, I give my **PERMISSION** to have photos/video tapes taken, without recompense, during the City of Bellevue volunteer activities and used for publicity purposes.

I hereby identify that I am capable of performing the duties as outlined in the Volunteer Opportunity Description without accommodation or with the following accommodation(s):

I understand that I am to report to _____(location) at _____(time), and ask for _____(supervisor).

I understand additional questions regarding this volunteer opportunity should be directed to _____, at _____(phone).

I understand my duties to be:

I understand that I will not be permitted to appear for any type of volunteer service under the influence of any drugs or alcohol.

I understand that my responsibilities include staying at my designated post until authorized to leave by a supervisor supervisor.

I understand I will complete my volunteer time card and leave this card with my supervisor. I would like a copy of my time card(s) services to verify my volunteer hours ____yes ____no.

I understand that I am to report any on-the-job injury or illness, no matter how minor, to my volunteer supervisor.

_____ I consent to the City of Bellevue performing a background check into my history in accordance with RCW 43.43.834 and waive any right of privacy for the limited purpose of the City considering it for determining my suitability as a volunteer.

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 such without prior notice or reason.

I acknowledge that I understand the policies listed above and have had the opportunity to ask any questions.

This Agreement will be in effect for the duration of my volunteer services beginning this _____ day of _____, 20____.

CAUTION

BY SIGNING THIS VOLUNTEER AGREEMENT AND ASSUMPTION OF RISKS AND RELEASE, I ACKNOWLEDGE THAT I HAVE READ ITS CONTENTS AND WARNING, THAT I UNDERSTAND ITS CONTENTS AND WARNING, AND THAT I AGREE TO ITS TERMS.

Participant (signature and date)

Guardian (signature and date)
(required if participant is under 18 years of age)

Participant (print)

Guardian (print)

Participant Date of Birth_____

Address_____

Phone_____