

**AGREEMENT REGARDING INDIVIDUAL VOLUNTEER SERVICE WITH
THE CITY OF WESTPORT**

I _____ hereby volunteer my services to perform only the services as outlined in the attached scope of volunteer work for the City of Westport Street Department in the Westport Community Garden. I understand I will not be compensated for my work but I volunteer to do so in a responsible manner. If I decide to discontinue my volunteer service I will notify the Street Department Supervisor.

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 Westport giving me permission to perform these volunteer services, I agree to the following terms (initial each):

1. _____ I understand that I am not to appear for volunteer service under the influence of any drugs or alcohol.
2. _____ I will abide by all of City of Westport's policies regarding personal conduct while performing volunteer services.
3. _____ I have read and will abide by the Westport Community Garden Program Rules adopted by the City of Westport.
4. _____ I agree not to go beyond the scope of volunteer work agreed to without authorization.
5. _____ I agree to provide the City of Westport a record of all hours worked as a volunteer on the form furnished by the City.
6. Should an injury occur during the scope of my service, I understand that:
_____ The City of Westport has included my hours of volunteer service in the Washington State Department of Labor and Industries coverage for volunteer workers.
_____ I understand that I am to report any on-the-job injury or illness, no matter how minor, on the form furnished by the City of Westport and to submit said form to the City of Westport Street Supervisor.
7. _____ I acknowledge that I have been trained on the above initialed policies and understand them and/or have had the opportunity to ask any questions.
8. _____ I consent to the City of Westport performing a background check into my history in accordance with RCW 43.43.830-839 and waive any right of privacy I may have in such information for the limited purpose of 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 of Westport may terminate this agreement at any time without cause, that I am volunteering my services at will and may be asked to discontinue such without prior notice or reason.
10. _____ I am fully aware that the work associated with being a 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 Volunteer Program, I hereby assume all risk of injury, damage and harm to myself arising from such activities or use of the City of Westport Community Garden facilities. I also hereby individually and on behalf of my heirs, executors and assignees, release and hold harmless the City of Westport, 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, except for those caused by the sole negligence of the City of Westport.
11. _____ I give permission for photos/videos taken of myself during volunteer activities to be used for publicity purposes, without recompense.

This agreement will be in effect for the duration of my volunteer services beginning this date.

Dated this _____ day of _____, 20 _____.

Member

Volunteer's Signature

Address

Phone Number

Parent/Legal Guardian