



City of Covington - Public Works Department

16720 SE 271st Street, Suite 101 • Covington, WA 98042 • (253) 638-1110 • Fax: (253) 638-1122

AGREEMENT FOR INDIVIDUAL VOLUNTEER SERVICES

Public Works Department

This Agreement is made, by and between the City of Covington, a political subdivision of the State of Washington, hereinafter referred to as the “City,” and _____, hereinafter referred to as the “Volunteer.”

PURPOSE: The purpose of this Agreement is to outline the responsibilities of the City in providing volunteer opportunities, and to create an understanding between the City and the Volunteer.

This Agreement shall apply to persons voluntarily performing non-compensated services for the City, including but not limited to, practical work experience, recreational programs, senior programs, and academic internships.

AGREEMENT FOR NON-COMPENSATED SERVICES: The Volunteer agrees to abide by all relevant City policies and procedures and to perform the volunteer services in a safe, responsible manner in accordance with the descriptions of service.

It is further understood that 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 or 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 that: *(Please initial the following)*

_____ I am not to appear for volunteer service under the influence of any illegal 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 that may impair the ability to perform volunteer duties.

_____ I am not to have child(ren) with me during my volunteer activities that are under 14 years of age. If I do bring with me any child(ren) under 14 years of age (which is a violation of this agreement), I understand I will be held solely liable and assume all risk of liability for my child(ren)’s actions and agree to hold the City harmless from any and all such related claims against the City; except for injuries and damages caused by the sole negligence of the City.

_____ I will abide by all City policies regarding personal conduct while performing volunteer services.

_____ I agree not to go beyond the scope of volunteer work agreed to without authorization.

_____ I am to be trained on any activities 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.

_____ Depending on the scope of volunteer work, many or all of the policies listed in the City of Covington Volunteer Handbook will apply. I will be given a copy of the Handbook and agree to read through it and initial my knowledge and acceptance of such policies on a separate form.

_____ Should an injury occur during the scope of my service, the City has included my hours of volunteer service in the State 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, to the Public Works Operations Manager or Maintenance supervisor.

_____ **BACKGROUND CHECKS:** I consent to the City 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 the City considering it for determining my suitability as a volunteer. (To be used for volunteers who will have unsupervised access to children, developmentally disabled persons, or vulnerable adults, or who will be working with confidential information.) The City reserves the right to utilize the results of the background check in determining suitability for volunteer activity, in accordance with Section 5.2 – Background Checks of the City of Covington Volunteer Handbook. The City of Covington shall provide the volunteer applicant a copy of the Washington State Patrol’s response.

_____ **TERMINATION:** 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.

_____ **WAIVER & HOLD HARMLESS:** I am fully aware that the tasks associated with being a City Volunteer involve 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 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 also hereby individually and on behalf of my heirs, executors and assignees, 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.

_____ **LIABILITY COVERAGE:** I understand that the City is a participant in the Washington Cities Insurance Authority (WCIA) insurance pool 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 WCIA. I am fully aware that a volunteer’s intentional misconduct is not protected or covered by the City or WCIA.

_____ **STATE LABOR & INDUSTRIES INSURANCE:** I understand and agree that while I am involved in the City of Covington Community Service Program I am covered by the State Labor and Industries Insurance while carrying out the duties pertaining to the assigned tasks at the job site. I also understand and agree that I will not be covered for lost work time compensation for other employment that may result from lost work time compensation for other employment that may result from injuries sustained while involved in the City of Covington Community Service Program.

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

Dated this _____ day of _____, 20 _____.

Volunteer's Printed Name / Volunteer's Signature

Phone Number / Volunteer's Printed Previous Names

Volunteer's Current Address City State Postal Code

Signature of Parent/Guardian if under 18 years of age Date

Signature of City of Covington’s Personnel staff



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AUTHORIZATION FOR WASHINGTON STATE PATROL RELEASE OF INFORMATION

“I hereby authorize the Washington State Patrol to release any information relating to my criminal history record, arrest, and conviction information. I release any individual from all liability for damages that may result, due to compliance with this authorization. I understand that in order to ensure that the background information obtained is accurate, it is necessary for me to provide my full name, including full middle name, and my date of birth.

I understand that this document is considered confidential and is maintained in the City’s personnel files, to be accessed only by Personnel staff or management personnel on a need-to-know basis only. The information contained herein is not subject to public disclosure.”

NOTES: The City reserves the right, in its absolute and sole discretion, to reject any employment applicant, as a result of the review of any information provided by the applicant, or disclosed through subsequent investigation by the City of Covington.

The City of Covington shall notify the volunteer applicant of the Washington State Patrol’s response and also provide them with a copy.

This Release is binding for two (2) years.

PLEASE COMPLETE ALL SECTIONS IN THEIR ENTIRETY:

DATE: _____

FULL NAME

(Please print legibly): _____
(First Name) (FULL Middle Name) (Last Name)

SIGNATURE: _____

PREVIOUS NAMES: _____

DATE OF BIRTH: _____
(Use format: MM-DD-YYYY)

CURRENT ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____



COVINGTON PUBLIC WORKS DEPARTMENT

COMMUNITY SERVICE PROGRAM

Fitness Affirmation

By this statement I certify that I am aware of any possible dangers in the activities I may be required to participate in for the City of Covington Community Service Program. I certify that I am willing and able to perform such activities and will cease performing them immediately upon any indication that they may be injurious or damaging. I will at no time view it to be the function of the City of Covington or the City Council, employees, agents or other representatives to serve as guardian of my safety or health or in any way is responsible for the same. I agree to perform the activities required and authorized by the Covington Public Works Community Service Program and acknowledge said activities will be determined by the City of Covington Public Works Department.

I certify I am of lawful age and legally competent to sign this Fitness Affirmation. I certify that I have read this Fitness Affirmation before signing and fully understand its contents and implications. I assume my own responsibility of fitness, experience and capacity to perform the duties required by participating in the Covington Public Works Community Service Program.

I hereby affirm I am willing and able to perform all activities required and authorized by the Covington Public Works Community Service Program.

Signature

Date

Print Name

Signature of parent or guardian if under age 18

Date

REQUIRED EQUIPMENT FOR VOLUNTEERING IN PUBLIC WORKS MAINTENANCE

1. Work Boots, no tennis shoes
2. Rain Gear
3. Appropriate Clothing:
 - a. Jeans or cords – NO SWEAT PANTS
 - b. No inappropriate words or phrase on clothing
4. Bring a lunch, water, snacks, etc.

The City will provide the following necessary safety gear:

- a. gloves
- b. safety glasses
- c. earplugs
- d. hard hat if necessary