

Volunteer Handbook Acknowledgment

Your signature below indicates that you:

- acknowledge that you have received a copy of the City of Covington Volunteer Handbook;
- understand that you are expected to read the Volunteer Handbook in its entirety promptly, but not later than within seven (7) days of receipt;
- agree that you will follow the rules and procedures indicated within the Volunteer Handbook;
- understand that if you are signing this agreement as a representative of a group or organization undertaking a volunteer effort for the city, it is your responsibility, to the best of your ability, to ensure that other group members are aware of and abide by these rules and procedures;
- will contact your supervisor or the Personnel Manager at (253) 480-2410 if you have any questions about the rules and procedures contained within the handbook; and,
- have been notified that the Volunteer Handbook is the property of the City of Covington, and should be returned to the city (your supervisor or the Personnel Division) when your (and/or the group's/organization's) volunteer assignment ends.

Please sign and date BOTH copies of this acknowledgment. Return one to the city and retain one with the handbook.

Volunteer's Printed Name

City of Covington
Printed Name of Group/Organization represented by
above-noted individual volunteer, if applicable

Volunteer's Signature

Date



City of Covington Emergency Notification Data Sheet for Volunteers

I am providing the following emergency notification data for the City's use by listing two individuals, in order of priority, who can be reached in case of accident, sudden illness, etc.:

NAME: _____ *Relationship:* _____
Phone No.: _____ (*Circle: work home cell*)
Phone No.: _____ (*Circle: work home cell*)

NAME: _____ *Relationship:* _____
Phone No.: _____ (*Circle: work home cell*)
Phone No.: _____ (*Circle: work home cell*)

I am also providing the following emergency notification data for the City's use in the case of a regional disaster, such as an earthquake, by listing one individual who lives outside of Washington State:

NAME: _____ *Relationship:* _____
Home Address: _____ *No. & Street* _____ *City* _____ *State* _____ *Zip Code* _____
Phone No.: _____ (*Circle: work home cell*)
Phone No.: _____ (*Circle: work home cell*)

I understand it is my responsibility to advise the City of any changes to this data:

PRINT: *Last Name, First Name* _____ *SIGNATURE* _____ *DATE* _____



16720 SE 271st Street, Suite 100 • Covington, WA 98042
(253) 480-2400 • Fax: (253) 480-2401

Volunteer Coaches Liability Waiver For the City of Covington

Name: _____ Sport: _____

I volunteer my services to the City of Covington to perform only the services agreed to by the City. We understand that we will not be compensated for our work, but we volunteer to perform in a responsible manner.

I agree to the following:

- That if I drive a vehicle to the volunteer site or during the course of my volunteer work, my personal vehicle insurance provides coverage;
- That I shall not appear for volunteer service under the influence of alcohol or illegal drugs;
- That I shall dress appropriately for weather and site conditions;
- That if no City personnel is present 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 within two working days of the injury;
- That if I find anything hazardous or suspected to be hazardous, I shall not touch it, but shall flag the item for disposal by City personnel. I shall not pick up syringes, hypodermic needles, broken glass, or exceptionally large, heavy or unyielding objects;
- That the City has included my hours of volunteer service in the State Labor and Industries medical coverage for volunteer workers.

And I further agree as follows:

In consideration of the opportunity the City has provided me as a Volunteer to engage in the activities referred to herein, I agree to indemnify and hold harmless, release and waive all claims that I, my heirs, assignees, or other successors may have against the City, its officials, supervisors, employees, its instructors, agents, sponsors, and other associated parties for any and all loss, liability, cost or damages arising out of, or in any way connected with, my activities as a volunteer, as evidenced by my signature below. Further, I assume liability for any non-participants that may accompany me. I understand that the City reserves the right to release me from my volunteer duties at their discretion without prior notice or reason. I also grant full permission to use any photograph, videotape, motion picture, recording or any other record of this program for any purpose. (As in the beginning of any program involving any amount of exercise, it is recommended that you first check with your doctor.)

If the volunteer is under 18 years of age: I, the undersigned Parent/Guardian of the participant, am fully aware of the potential dangers and risks inherent in this activity, including physical injury, death, or other consequences that may arise or result directly or indirectly from participation in this activity. I, the undersigned Parent/Guardian of the participant, assume all risks as noted in the paragraph above, and hereby waive, release, absolve, indemnify and agree to hold harmless the City of Covington and all individuals/agents in the above-named paragraph for any claim arising out of any injury to myself and/or child. I also grant full permission to use any photograph, videotape, motion picture, recording, or any other record of this program for any purpose.

Signature of Volunteer

Date

Signature of Parent/Guardian if under 18 years of age

Date