



City of Shoreline

17500 Midvale Avenue North
Shoreline, WA 98133-4921
(206) 801-2700

VOLUNTEER SERVICE AGREEMENT

VOLUNTEER PROGRAM/PROJECT: _____

DATE(S) OF SERVICE: _____

VOLUNTEER CONTACT INFORMATION

Name: _____	Phone: _____
Address: _____	Email: _____

I hereby volunteer my services to perform volunteer work in and for the City of Shoreline’s program/project: _____. The work that I will perform as a volunteer will include the following services:

I understand I will not be compensated for my work, but I volunteer to do the work in a responsible manner and to abide by all relevant City policies and procedures. I understand this Agreement shall not in any way constitute nor create an employer/employee relationship between the City and myself. The City shall not be responsible for, nor liable for, nor shall I be eligible to receive, any compensation or benefits as a result of this Agreement EXCEPT for Washington State Labor and Industries Industrial Insurance medical aid coverage.

IN CONSIDERATION OF THE CITY ALLOWING ME TO PARTICIPATE IN ITS VOLUNTEER SERVICES PROGRAM, I UNDERSTAND AND AGREE TO THE FOLLOWING RULES:

- Comply with all City policies and procedures regarding personal conduct while performing volunteer services.
- To not to go beyond the scope of the volunteer work agreed to without authorization by City Staff.
- For any activity that I am unfamiliar with, I will be trained on that activity, learn the corresponding policies and procedures, and it is my responsibility to understand them completely or ask questions until I feel confident to perform them.
- This Agreement may be terminated at any time, with or without cause and without prior notice, by the City or myself. However, if I wish to terminate participation in the volunteer program, then I will notify the City.
- My volunteer services may be subject to the City’s Vaccine Mandate as establish by City Council Resolution No. 483 and implemented by Policy No. 700-09. Prior to performing any services at a City Facility covered by the Vaccine Mandate, I agree to provide the City documentation demonstrating that I am fully vaccinated against COVID-19 and to attest to the validity of the documentation utilized to show my vaccination status.
- Even if fully vaccinated, follow the Center for Disease Control (CDC) guidelines, state and local health department guideline and mandates, and City of Shoreline policies and procedures for protecting myself and others from the Novel Coronavirus (COVID-19). These guidelines, policies, and procedures include, but are not limited to, social distancing, utilization of masks that cover the mouth and nose, hygiene and sanitization, required health screenings, not participating in a volunteer event if sick or experiencing symptoms of COVID-19, such as fever, cough, shortness of breath, muscle aches, or sore throat, and notifying the appropriate authorities, including the City of Shoreline, if I become infected with COVID-19.

- Not appear for volunteer service under the influence of any drugs or alcohol. I agree to inform the volunteer event supervisor at the beginning of the shift if taking any over-the-counter or prescription medications which may impair the ability to perform volunteer duties.
- Understand that the City of Shoreline does not recommend bringing children under the age of 14 years to a volunteer program event. If I bring my child/ward to an event, I am solely responsible for supervising my child/ward or any other child accompanying me at all times and to be responsible for any injury or damage they may suffer or cause.
- Should I suffer an injury during the scope of my service, I am to report any on-the-job injury or illness, no matter how minor to supervisor. I also understand that the City has included my hours of volunteer service in the State Labor and Industries coverage for volunteer workers.

WAIVER & HOLD HARMLESS: I understand there are special dangers and risks inherent in the City of Shoreline’s volunteer program, including, but not limited to, the risk of serious physical injury, illness, disability, death, or other harmful consequences which may arise directly or indirectly from my participation in the activity, including exposure to or infection by the Novel Coronavirus (COVID-19), even if fully vaccinated. HAVING READ THIS WAIVER AND BEING FULLY INFORMED OF THESE RISKS and in consideration of my being allowed to participate in the City of Shoreline volunteer program, I ASSUME ALL RISK AND SOLE RESPONSIBILITY OF INJURY, DAMAGE, AND HARM to myself which may arise from my participation in the volunteer program, including exposure to or infected by COVID-19. I further agree to release and hold harmless the City of Shoreline and its officials, officers, employees, agents, and volunteers, and agree to waive any right of recovery that I or my heirs and successors may personally have in the future to bring a claim or lawsuit for damages against the City of Shoreline and its officials, officers, employees, agents, and volunteers for any personal injury, death, or harmful consequences occurring to myself arising out of my participation in the volunteer program, including from exposure to or infection by COVID-19.

LIABILITY COVERAGE: I understand that the City is self insured through the Washington Cities Insurance Authority (WCIA) 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.

COVID-19 ACKNOWLEDGEMENT: I acknowledge that the Novel Coronavirus (COVID-19) infections have been confirmed throughout the United States and Washington State, including several cases in the City of Shoreline, and that COVID-19 is highly contagious. I understand that the City of Shoreline cannot guarantee that anyone participating in the volunteer program will not be exposed to or infected by COVID-19, even if fully vaccinated; that due to the nature of the volunteer program, social distancing of six (6) feet per person among volunteers is not always possible; and that the risks of being exposed to or infected by COVID-19 may result from the actions, omissions, or negligence of myself and others, including City of Shoreline and its officials, officers, employees, agents, and volunteers. Therefore, I understand the known and unknown dangers of participating in the City of Shoreline’s volunteer program due to COVID-19 and acknowledge that despite the City’s reasonable efforts to mitigate such dangers, my participation may result in exposure to or infection by COVID-19, which could result in quarantine requirements, serious illness, disability, and/or death.

BY SIGNING BELOW, I ACKNOWLEDGE THAT I AM 18 YEAR OF AGE OR OLDER AND FULLY COMPETENT TO ENTER INTO THIS AGREEMENT, THAT I HAVE READ THE ABOVE AND UNDERSTAND THE RULES FOR PROVIDING VOLUNTEER SERVICE, THE RISKS OF PARTICIPATING IN THE CITY OF SHORELINE’S VOLUNTEER PROGRAM, AND I ASSUME ALL RISKS, KNOWN AND UNKNOWN.

Signature of Volunteer Date
 Printed Name: _____

City of Shoreline – Internal Use Only

Vaccination status verified by: _____ Date: _____

Vaccination Attestation received by: _____ Date: _____