

Village Green Metropolitan District
Village Green Community Park
Address: 26159 Dulay Road NE
Kingston, WA 98346
Website: www.myvillagegreen.org

VOLUNTEER SERVICE AGREEMENT

PURPOSE: This Agreement outlines the responsibilities of Village Green Metropolitan District in providing volunteer opportunities, and to create an understanding between the District and the Volunteer. This Agreement applies to persons voluntarily performing non-compensated services for the District.

Volunteer Name: First, MI, Last (Please Print)	Home Phone (w/area code)	
Parent/Guardian (if under 18) Name (Please Print)	Cell Phone (w/area code)	EMERGENCY CONTACT NAME:
Address:	Email:	EMERGENCY CONTACT PHONE
City, State, Zip		

AGREEMENT FOR NON-COMPENSATED SERVICES: I volunteer my services to Village Green Metropolitan District. I will abide by all relevant District policies and procedures and to perform the volunteer services in a safe, responsible manner.

I understand that this Agreement does not constitute or create an employer/employee relationship between the District and the Volunteer. The District is not responsible for, or liable for, nor will the Volunteer be eligible to receive, any compensation or benefits as a result of this Agreement.

I understand that: **(Please initial each of the following)**

I am not to appear for volunteer service under the influence of any illegal drugs, alcohol or prescription drugs not prescribed to me. I agree to inform the 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.

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

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

I am to be trained on any activity 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.

I identify that I am capable of performing duties without accommodation (or with the following accommodation(s)): _____

I understand that I am to report any on-the-job injury or illness, no matter how minor, to my supervisor. I authorize emergency medical care if it should become necessary.

_____ I grant full permission to the District to use of any photographs, videotapes, motion pictures or
_____ recordings for publicity purposes.

TERMINATION: I understand that I or the District 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 AND HOLD HARMLESS: I am aware that the work associated with being a Village Green Metropolitan District Volunteer involves risks of physical injury or death. I understand that I may choose among the volunteer jobs offered to me and I am under no obligation to accept any placement unless I choose to do so. I agree to follow safety precautions and take full responsibility for my actions and for my physical condition. Being fully informed as to the risks and in consideration of my being allowed to participate in the District's Volunteer Program, I assume all risk of injury, damage and harm to myself arising from such activities or use of District facilities. I also individually and on behalf of my heirs, executors and assignees, release and agree to hold the District, its officials, employees and agents harmless against all claims, loss, liability or expense, including attorney's fees for any personal injury, death or other consequence which may result from my participation in volunteer activities.

NON-DISCRIMINATION. Applicants are considered for appointment without regard to race, color, religion, gender, national origin, sexual orientation, age, genetic information, marital or veteran status, or the presence of any disability.

PUBLIC RECORD: Pursuant to the Washington Public Disclosure Act, (RCW 42.56), this form constitutes a public record and is subject to public release upon request. The following information may be redacted prior to disclosure pursuant to RCW 42.56.250(3): Residential addresses, residential telephone numbers, personal wireless telephone numbers, personal electronic mail addresses, social security numbers, driver's license numbers, identicard numbers, and emergency contact information of employees or volunteers of a public agency, and the names, dates of birth, residential addresses, residential telephone numbers, personal wireless telephone numbers, personal electronic mail addresses, social security numbers, and emergency contact information of dependents of employees or volunteers of a public agency.

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

Date

Signature of Parent/Guardian

Volunteer Signature

Print Name