

Volunteer Service Agreement



EMERGENCY MEDICAL TREATMENT AUTHORIZATION

I, (print name) _____ authorize qualified emergency medical personnel, including a physician and staff, to examine me, in the event of injury, and to administer emergency care and to arrange for any consultation by a specialist, including a surgeon as deemed prudent for proper care of any injury.

Signature of Volunteer Participant

Date

PARENT/LEGAL GUARDIAN PERMISSION, RELEASE AND ASSUMPTION OF LIABILITY

I certify that I, (print name) _____ am the Parent/Legal Guardian of the minor participant named above. I hereby grant my permission for the minor child named above to participate in any volunteer event. On behalf of myself and the minor child named above, and in consideration of allowing the minor child to participate in an event, I agree to release, hold harmless, indemnify and forever discharge the member, its employees, officials, and agents from any and all liability whatsoever for any and all losses, costs, damages, liability, or injury resulting in any way from participation in an event by the minor child named above.

As Parent/Legal Guardian of the minor child volunteer named above I, (print name) _____ authorize qualified emergency medical personnel, including a physician and staff, to examine the minor child named above, in the event of injury, and to administer emergency care and to arrange for any consultation by a specialist, including a surgeon as deemed prudent for proper care of any injury. Every effort will be made to contact the Parent/Legal Guardian prior to any treatment.

Signature of Parent/Legal Guardian

Date

Volunteer Interest

_____ *Emergency Shelter Operations*

_____ *Child Respite Care*

_____ *Search and Rescue Operations*

_____ *Translation Services*

_____ *Communications*

_____ *Maintenance & Construction*

_____ *Distribution Center and Donations Intake*

_____ *Transportation*

_____ *Office Administration/ Registration/ Orientation*

_____ *Food Services*

_____ *Health Services (Medical, Mental Health)*

_____ *Animal Care*

Special Certifications, Driving Licenses, Professional Licenses, Translation Services, or other skills:

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Please list another way to reach you should local phone and email communications go down.

Out of state contact phone:

Out of state email contact

Other?

Thank you for your willingness to help the Northshore Emergency Management Coalition prepare and to serve your community!

Volunteer Service Agreement

This form must be completed for each volunteer and submitted prior to volunteering.

Purpose: The purpose of this Agreement is to outline the responsibilities of the Northshore Emergency Management Coalition (NEMCo) in providing volunteer opportunities, and to create an understanding between NEMCo and the volunteer. The Agreement shall apply to persons voluntarily performing non-compensated services for the coalition.

Volunteer Name: First Last (Please Print)	Home Phone (with area code)	Date of Birth (DOB)
Parent/Guardian Name (if under 18)	Volunteer Cell Phone (with area code)	Parent Cell Phone (if different than Vol Phone)
Address	Work Phone (with area code)	Emergency Contact
City, State, Zip	E-mail	Emergency Contact Phone

I hereby volunteer my services to perform the services as outlined in the attached scope of volunteer work for NEMCo. I understand I will not be compensated for my work, but will volunteer to do so in a safe, responsible manner. If I decide to discontinue my volunteer service, I will notify the NEMCo Emergency Manager.

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

1. _____ I am not to appear for volunteer service under the influence of any drugs or alcohol. 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.
2. _____ I will abide by all applicable NEMCo, City, and District policies regarding personal conduct while performing volunteer services.
3. _____ I agree not to go beyond the scope of volunteer work agreed to without authorization from the appropriate coalition representative.
4. _____ Depending on the scope of volunteer work, the following policies may apply; driving, safety, computer operation, discipline policy, dress code, anti harassment, confidentiality, code of ethics, workplace violence prevention and drug-free workplace.
5. _____ 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.

6. _____ Should an injury occur during the scope of my service, I understand that NEMCo will include my hours of volunteer service in the Washington State Labor and Industries coverage for volunteer workers. Note to Parents/Guardians: Labor and Industries does not provide coverage for those under the age of 14 who are injured while volunteering unless the minor is a Student Volunteer, enrolled in a public school who is working as a volunteer under a program authorized by the public school (see RCW 28A.150.010 for the definition of "public school").
7. _____ I am to report any on-the-job injury or illness, no matter how minor, to the appropriate NEMCo representative.
8. _____ I consent to NEMCo performing a background check into my history and waive any right of privacy I may have for the limited purpose of the member(s) 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 NEMCo may terminate this agreement at any time without cause, and that I am volunteering my services at will and may be asked to discontinue my volunteer service without prior notice or reason.
10. _____ I agree to hold harmless NEMCo, its officials, employees, and agents for any damage claim or lawsuit for injury, illness or damage or loss of any kind to me arising out of my performance in any way of the volunteer services outlined in the scope of volunteer service.
11. _____ I grant permission to use any photos/videos taken of myself during volunteer activities to be used for publicity purposes by the member, without recompense. If I am signing for my minor child, I, the undersigned parent, or guardian, do hereby grant permission to the member to use any photos/videos of the minor child named above for publicity purposes by the member.

If you do not agree, please sign here.

AND I FURTHER AGREE AS FOLLOWS:

I am fully aware that the work associated with being a member 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 member's Volunteer Program, I hereby assume all risk of injury, damage, and harm to myself arising from such activities or use of NEMCo facilities. I also hereby agree to defend, indemnify, hold harmless, release, and waive all claims that I and/or my heirs, assignees, or other successors may have against NEMCo, its officials, employees, hired contracted instructors, agents, and other associated parties for any and all loss, injuries, liability, costs or damages arising out of or in any way connected with the volunteer activities for an event. Further, I assume liability for any non-participants who accompany me to an event.

Signature of Volunteer Participant

Date

Northshore Emergency Management Coalition Volunteer Emergency Worker Credential Application



Name: Last First MI	Volunteer Number (Official Use Only)
Address: Street City State Zip	
Primary Phone:	Radio Call Sign:
Email:	
Training and Certifications	
Check the box next to the class if complete. Volunteers must be either CERT graduates or HAM radio licensed and complete the shaded IS classes to be credentialed.	

CERT Graduate		Year	Incident Command System IS 100	
Amateur Radio License		License Class	Incident Command System IS 200	
First Aid certified		Expiration	Incident Command System IS 700	
CPR certified		Expiration	Incident Command System IS 800	

Additional Training/Credentials:

I declare that the information is true and accurate. I understand that this information will be only used to be registered into the Emergency Worker program and for identification purposes.

Signed: _____ Date: _____

EM: _____	Entered: _____	Picture: _____
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Volunteer Request for Background Information

RCW DISCLOSURE FORM PURSUANT TO RCW 43.43.830-840

All volunteers who are in Key Volunteer positions where they may have direct supervision of children or vulnerable adults are required to submit to a background check. Please complete the following form. The Information provided will be kept confidential and not disclosed outside the organization and will only be shared inside the organization on a "need to know" basis. Results of this background check will be provided to the volunteer.

Please answer **YES** or **NO** to each listed item. If the answer is **YES** to any item, please explain in the area provided indicating the charge or finding, the date, and the court(s) involved.

1. I consent to a background check being performed in accordance with RCW 43.43.830-839 and waive any right to privacy I may have in such information for the limited purpose of the organization considering it for determining my suitability as a volunteer. _____ Answer (Yes or No)

Name: (last, first, middle initial)

Alias/Maiden Name:

Date of Birth:

Driver's License Number:

Social Security Number:

Address:

2. Have you ever been convicted of any crimes against persons as defined in chapter 43.43 RCW and listed as follows: aggravated murder; first or second degree murder; first or second degree kidnapping; first, second, or third degree assault; first, second, or third degree assault of a child; first, second, or third degree rape; first, second or third degree rape of a child; first or second degree robbery; first degree arson; first degree burglary; first or second degree manslaughter; first or second degree extortion; indecent liberties; incest; vehicular homicide; first degree promoting prostitution; communication with a minor; unlawful imprisonment; simple assault; sexual exploitation of minors; first or second criminal mistreatment; endangerment with a controlled substance; child abuse or neglect as defined in RCW 26.44.020; first or second degree custodial interference; first or second degree custodial sexual misconduct; malicious harassment; first, second, or third degree child molestation; first or second degree sexual misconduct with a minor; commercial sexual abuse of a minor; child abandonment; promoting pornography; selling or distributing erotic material to a minor; custodial assault; violation of child abuse restraining order; child buying or selling; prostitution; felony indecent exposure; criminal abandonment; or any of these crimes as they may be renamed in the future? _____ Answer (YES or NO)

If YES, please explain: _____

Volunteer Emergency Worker Code of Conduct



As a Northshore Emergency Management Coalition (NEMCo) Volunteer Emergency Worker, you represent the Cities of Kenmore and Lake Forest Park, as well as the Northshore Fire District (currently contracting Shoreline Fire Department (SFD)) and Northshore Utility District (NUD) (hereby known as "Coalition Agencies"). It is expressly understood that you are not a coalition agency employee. The continued viability of the NEMCo Community Emergency Response Team (CERT) and Radio Amateur Civil Emergency Service (RACES) programs are predicated on exemplary performance - coordinated, timely action that strengthens our community's resiliency. It is important to recognize that your activities as a Volunteer Emergency Worker reflect the CERT and RACES programs to new members, the public, and those to whom we render our services.

It is of the utmost importance that all Volunteer Emergency Workers maintain a positive and professional image - both in attitude and personal appearance. (See NEMCo personal appearance policy).

This NEMCo Volunteer Emergency Worker Code of Conduct is a living document and can be updated or amended at any time with approval from the NEMCo Emergency Manager and/or NEMCo Coalition Agencies.

All Volunteer Emergency Workers representing the NEMCo Coalition Agencies shall abide by this Code of Conduct and may be required to follow additional policies set by NEMCo Coalition Agencies.

ALL VIOLATIONS OF THIS CODE OF CONDUCT AND APPLICABLE POLICIES UNDER COALITION AGENCIES WILL BE INVESTIGATED. IF A VIOLATION HAS OCCURRED VOLUNTEER EMERGENCY WORKERS MAY FACE DISCIPLINARY ACTIONS INCLUDING, BUT IS NOT LIMITED TO, VERBAL COUNSELING, WRITTEN NOTICE, RESTRICTION OF INVOLVEMENT WITH NEMCo ACTIVITIES, REVOCATION OF NEMCo CREDENTIALS, AND REMOVAL FROM THE NEMCo VOLUNTEER EMERGENCY WORKER PROGRAM.

As a Volunteer Emergency Worker for NEMCo, you are expected to comply with the following:

1. If an emergency occurs in your presence, assess the scene and dial 911 before rendering aid or assistance if needed.
2. Volunteer Emergency Workers must operate within the scope of the training you have received.
3. DO NOT SELF-DEPLOY. Responding to an emergency beyond your immediate neighborhood/place of business/location is considered self-deployment. (See NEMCo Call Out procedures for deployment information).
4. All responding NEMCo Volunteer Emergency Workers must present appropriate NEMCo credentials when reporting for assignment. The possession or ownership of NEMCo apparel, safety vests, hats, or other such identifying equipment does not authorize a Volunteer to be assigned for response activities.

5. Accept assignments within the scope of your training and capabilities. Any physical limitations that would affect your ability to perform an activity must be communicated during assignment. (Reasonable accommodations will be made in accordance with ADA guidelines).
6. When reporting for assignment bring or wear, your uniform items and any personal protective equipment assigned to you. (Additional personal support items are highly recommended).
7. Dress professionally and appropriately for the assignment. (See NEMCo personal appearance policy).
8. Conduct yourself in a professional manner befitting the NEMCo Coalition Agencies highest standards:
 1. Act appropriately and responsibly at all times.
 2. Do not indulge in obscene or uncivil language.
 3. Avoid altercations or conduct, which might cause an adverse public reaction or result in an injury to another.
 4. Treat fellow team members, visitors, guests, and other volunteer program participants with respect and courtesy.
 5. Be sensitive and respectful to the diversity of team members and those we assist.
9. Refrain from making any public statement regarding the nature or reason for deployment, the scope of work, or any mission specifics. Direct all inquiries regarding incident details, missions, or requests for an official statement to the Public Information Officer, Team Lead, or Incident Commander.
10. Respect the privacy of all NEMCo team members, supporting agencies, employees and all persons served.
 1. Hold in confidence all sensitive, private, and personal information.
 2. When using public radio airways, do not broadcast personal or private information using the radio. (See NEMCo Communications Manual).
11. Be aware of and adhere to all HIPAA (Health Insurance Portability and Accountability Act of 1996) patient information privacy policies. Treat all patient information as confidential.
12. Immediately report to NEMCo Team Leaders any safety concerns or problems that arise with your assignment.
13. Refrain from using alcohol or any other substance that may impair your ability to perform your role.
 1. Be cautious of the effects of any prescription medication you may be taking. If your medication has physical restrictions, you must advise your Team Leader and remove yourself from deployment eligibility.
 2. The use of any illegal substance at any time is grounds for immediate removal from the NEMCo Volunteer Emergency Worker program.
14. Abstain from using the name, logo, supplies, or equipment for unofficial use without the expressed, written approval of the NEMCo Emergency Manager.

Volunteer Emergency Worker Code of Conduct



15. You shall not accept, or seek on behalf of any other person, any monetary gain, gifts, and/or benefits offered as a result of your affiliation with the NEMCo Volunteer Emergency Worker program.
16. You shall not use your participation in the NEMCo Volunteer Emergency Worker program to promote any partisan politics, religious matters, or positions on any issue.
17. Avoid inappropriate conduct, both on and off duty, that would jeopardize program effectiveness or tarnish the reputation of the program.
18. Any participation in illegal activity is grounds for immediate dismissal from the NEMCo Volunteer Emergency Worker program.
19. Smoking, chewing tobacco and vaping is prohibited in NEMCo Coalition Agency facilities and vehicles.
20. The NEMCo Volunteer Emergency Worker program maintains a zero-tolerance policy toward discrimination, harassment, and retaliation.
 1. Every member is responsible for ensuring that the workplace is free of discrimination, harassment, and retaliation and is expected to avoid any behavior or conduct that could be interpreted as such.
 2. NEMCo will strictly enforce this policy as all forms of discrimination based on any of the protected classes are illegal, unprofessional, and disrespectful.
 3. Each NEMCo Volunteer Emergency Worker is expected to monitor their own behavior and refrain from any action that will have a negative impact on others.
21. Report all injuries and illness that occur when assigned or deployed, regardless of severity, to a Team Lead or designated safety officer.

NEMCo Volunteer Emergency Workers are subject to the rules specified in the Washington State Administrative Code (WAC) 118-04 and limited by the emergency activities outlined in chapter 38.52 in the Revised Code of Washington.

ACKNOWLEDGED AND ACCEPTED BY:

(Signature)

(Printed name)

(Date)