

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.

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.

AND I FURTHER AGREE AS FOLLOWS:

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.

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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*

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

Other?

Out of state email contact

Out of state contact phone:

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

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