



**City of Pasco
Recreation Services Division
Volunteer Registration**

Date: _____

Volunteer position you are seeking: _____

Name: _____ Age, (if under 18): _____ Day time phone: _____ Evening phone: _____

Address: _____

Current or previous occupation: _____

Emergency Contact Phone #: _____ Contact person: _____

Education: High school _____ College _____ Other training _____

Drivers License *: _____ Date of Birth *: _____

(*If applicable, see number 7 below)

Days and times you are available (circle): Sun Mon Tue Wed Thur Fri Sat

Days _____ to _____ Evenings _____ to _____

List two personal references:

Name: _____ Phone: _____

Name: _____ Phone: _____

In case of emergency call: _____ Phone: _____

AGREEMENT REGARDING INDIVIDUAL VOLUNTEER SERVICE

I _____, hereby volunteer my services to perform only the services as outlined in the attached scope of volunteer work for the Recreation Services Division with the City of Pasco. I understand I will not be compensated for my work but I volunteer to do so in a responsible manner. If I decide to discontinue my volunteer service I will notify the Recreation Division.

Further, I hereby identify that I am capable of performing the duties as outlined in the attached scope of volunteer work without accommodation or with the following accommodations:

In consideration of the City of Pasco giving me permission to perform these volunteer services, I agree to the following terms: (Please initial all that apply)

1. _____ I understand that I am not to appear for volunteer service under the influence of any drugs or alcohol.
2. _____ I will abide by all City policies regarding personal conduct while performing volunteer services.

Over →

3. _____ I agree not to go beyond the scope of volunteer work agreed to without authorization.
4. Should an injury occur during the scope of my service, I understand that:
 _____ The City has included my hours of volunteer service in the State Labor and Industries coverage for volunteer workers.
 _____ I understand that I am to report any on-the-job injury or illness, no matter how minor, to the Recreation Services Manager.
5. Depending on the scope of volunteer work, the following policies may apply:
 (Please initial the policies reviewed)
- | | |
|--|--|
| _____ Driving | _____ Safety procedures |
| _____ Discipline policy | _____ Youth sports league rules & guidelines |
| _____ Sexual Harassment | _____ Hazardous Chemical Procedures |
| _____ Racial Discrimination | _____ Substance Free Work Place |
| _____ Liability Reporting | _____ Computer operation |
| _____ Reporting improper government action | |
6. _____ I acknowledge that I have been trained on the above initialed policies and understand them and/or have had the opportunity to ask any questions.
- 7.* _____ I consent to the City performing a background check into my history in accordance with RCW 43.43.830-839 and waive any right of privacy I may have in such information for the limited purpose of the City considering it for determining my suitability as a volunteer. **(To be used for volunteers who will have unsupervised access to children, developmentally disabled persons, or vulnerable adults or who will be working with confidential information)**. I understand that I will receive a copy of this background check if one is completed for me.
8. _____ I understand that I or the City 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.
9. _____ I agree to hold harmless the City of Pasco, 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 above.

This agreement will be in effect for the duration of my volunteer services beginning with the date that this agreement is completely executed.

 City Representative

 Volunteer's Signature

 Date

 Date

 Parent's Signature, if minor

 Date