



City of Pasco
Recreation Services Division
Volunteer Registration

Official Use
Form filled out completely
WSP Bkgrd Form Attached
References Checked
Staff Initial

Date:

Volunteer position you are seeking:

Name: Age (if under 18): Email: Y/N

Day time phone: (Cell: Y/N) Evening phone: (Cell: Y/N)

Address:

Emergency Contact Phone #: Contact person:

Related Training & Experience:

Days you are available: Sun Mon Tue Wed Thur Fri Sat

Time you are available: Days to Evenings to

List four personal references (Required):

Name: Phone:

Name: Phone:

Name: Phone:

Name: Phone:

VOLUNTEER SCOPE OF DUTIES:

Blank lines for volunteer scope of duties

AGREEMENT REGARDING INDIVIDUAL VOLUNTEER SERVICE

I, hereby volunteer my services to perform only the services as outlined above for the (mark one) Parks Division OR 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 Division for which I am volunteering (As marked above). Further, I hereby identify that I am capable of performing the duties as outlined in the attached scope of volunteer work (mark one) 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/Department/Division policies regarding personal conduct while performing volunteer services.
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 of Pasco 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 Division Manager for which I am Volunteering and Human Resources.
5. Depending on the scope of volunteer work, the following policies may apply:
(Please initial the policies reviewed)
_____ Driving _____ Accident Prevention Program
_____ Professional Behavior/Discipline _____ Youth Sports league rules & guidelines
_____ Substance Free Work Place _____ Liability Reporting
_____ Prevention of Harassment & Discriminatory Behavior
_____ Internet & Other Workplace Communication Systems
_____ Reporting improper government action
6. _____ I acknowledge that I have been oriented on the above initialed policies and understand them and/or have had the opportunity to ask any questions.
7. _____ I consent to the City of Pasco 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 determining my suitability as a volunteer. **(To be used for volunteers who will have unsupervised access to children under sixteen years of age, developmentally disabled persons, or vulnerable adults).**
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 am fully aware that the work associated with being a 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 City of Pasco Volunteer Program, I hereby assume all risk of injury, damage and harm to myself arising from such activities or use of City of Pasco Park and Recreation facilities. I also hereby individually and on behalf of my heirs, executors, and assignees, release and hold harmless the City of Pasco, its officials, employees and agents and waive any right of recovery that I might have to bring a claim or a lawsuit against them for any personal injury, death or other consequences occurring to me arising out of my volunteer activities.

10. _____ I give my permission for photos/videos taken of myself during volunteer activities to be used for publicity purposes, without recompense.

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

Name:

City Representative

Volunteer's Signature

Date

Date

Parent's Signature, if minor

Date