

CITY OF REDMOND
VOLUNTEER ACKNOWLEDGEMENT, WAIVER AND RELEASE
This form must be completed prior to the start of volunteer activity

I ACKNOWLEDGE and UNDERSTAND that I am volunteering my services to the _____(City Department) gratuitously, without any express or implied promise by the City of Redmond, or the Redmond _____(City Department) to compensate me for my services.

I ACKNOWLEDGE and UNDERSTAND that I am not an employee of the City of Redmond or the _____(City Department) and that I may not represent myself as anything other than a volunteer.

I ACKNOWLEDGE and UNDERSTAND that I may be exposed to confidential information while participating in the program and I agree to respect the confidential nature of all information I may come in contact with. I also agree to not remove such information via copies or by recorded means from the Redmond _____ (City Department).

I will abide by all applicable federal, state and local laws, as well as, the policies and procedures of the City of Redmond and the Redmond _____ (City Department).

I assume the risks of property damage, injury, or death associated with my volunteer participation. Volunteers working within the scope of their assignment and on behalf of the city have limited medical coverage. I understand that I am to report any on-the-job injury or illness, no matter how minor, to the Volunteer Coordinator.

The city does not provide coverage for damage to or loss of personal property.

On behalf of myself, my heirs, executors, administrators and assigns, I hereby agree to hold the City of Redmond, its officials, employees, insurers, and other associated parties harmless from all claims arising out of, or in any way connected to, my volunteer duties.

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.

I authorize the use of photographs and/or videotapes of myself, my child/children/ward as part of the City of Redmond Washington promotions.

This agreement will be in effect for the duration of my volunteer services, beginning this date:

_____, 20____

Volunteer Signature: _____

Parent/Guardian Signature (if volunteer is under 18): _____

Printed name of Signatory: _____

(Optional Information)

Volunteer Name: _____

Home Address: _____

Phone: *Home:* _____ *Work or Cell:* _____

Email address: _____

In case of emergency, please contact:

Name: _____ Relationship: _____

Phone: *Day:* _____ *Evening:* _____

Volunteer Hours: _____