



VOLUNTEER INFORMATION FORM

Maple Valley Parks & Recreation

Volunteer Name _____
Last First MI

Mailing Address _____ **City** _____ **Zip Code** _____

Phone # _____

Email Address _____

YOUTH SPORTS I would like to volunteer as the teams
 Head Coach Assistant Coach

I will be an assistant coach for _____
Head Coaches Name

I will coach:

Soccer/T-Ball 3/4 years 5/6 years

Basketball: **CO-ED** K

BOYS 1st 2nd 3rd 4th 5th
 6th 7th 8th

GIRLS 1st/2nd 3rd/4th 5th/6th

Child's Name _____

Coaches T-Shirt Size _____

Have you ever been convicted of a felony or released from prison within the last seven (7) years, or have you been convicted of a misdemeanor other than minor traffic offenses within the last three (3) years? YES NO

If yes please explain, including dates _____



INDIVIDUAL VOLUNTEER SERVICES AGREEMENT

This agreement is made, by and between the City of Maple Valley, a political subdivision of the State of Washington, hereinafter referred to as the "City" and _____ herein after referred to as the "Volunteer."
Print Legal Name

PURPOSE: The purpose of this Agreement is to outline the responsibilities of the City in providing volunteer opportunities, and to create an understanding between the City and the Volunteer.

This Agreement shall apply to persons voluntarily performing non-compensated services for the City, including but not limited to, practical work experience, recreational programs, senior programs, and academic internships. The volunteer services to be performed include, check all that apply:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Camp Wild | <input type="checkbox"/> Fourth of July | <input type="checkbox"/> Holiday Lights | <input type="checkbox"/> Make a Difference Day |
| <input type="checkbox"/> Kids Festival | <input type="checkbox"/> Youth T-Ball | <input type="checkbox"/> Youth Soccer | <input type="checkbox"/> Youth Basketball |

AGREEMENT FOR NON-COMPENSATED SERVICES: The Volunteer agrees to abide by all relevant City policies and procedures and to perform the volunteer services in a safe, responsible manner in accordance with the descriptions of service.

It is further understood that this Agreement shall not in any way constitute nor create an employer/employee relationship between the City and the Volunteer. The City shall not be responsible for, nor liable for, nor shall the applicant be eligible to receive, any compensation or benefits as a result of the Agreement EXCEPT for State Labor and Industries Industrial Insurance medical aid coverage.

In consideration of the City giving me permission to perform these volunteer services, I understand that:
(Please initial the following)

- _____ I am not to appear for volunteer service under the influence of any alcohol or illegal drugs. The Volunteer agrees 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.
- _____ I am not to have children with me, during my volunteer activities, that are under 14 years of age who are not enrolled in the program to which I am providing volunteer services.
- _____ I will abide by all City policies regarding personal conduct while performing volunteer services.
- _____ I agree not to go beyond the scope of volunteer work agreed to without authorization.
- _____ 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.
- _____ Depending on the scope of volunteer work, the following policies may apply: Anti-Harassment Policy, General Code of Conduct, Vehicle Policy, Use of City Equipment and Supplies.

_____ Should an injury occur during the scope of my service, 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 my supervisor.

BACKGROUND CHECKS: I consent to the City performing a criminal history background check 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, or handling City funds.)

TERMINATION: 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.

WAIVER & HOLD HARMLESS: I am fully aware that the work associated with being a City 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's Volunteer Program, I hereby assume all risk of injury, damage and harm to myself arising from such activities or use of City facilities. I also hereby individually and on behalf of my heirs, executors and assignees, release and hold harmless the City, 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.

LIABILITY COVERAGE: I understand that the City is self-insured through the Washington Cities Insurance Authority (WCIA) for liability coverage. Volunteers performing within the scope of their assigned duties as authorized by the City are afforded the same coverage as City employees under the City's liability coverage with WCIA. I am fully aware that a volunteer's intentional misconduct is not protected or covered by the City or WCIA.

This agreement will be in effect for the duration of my volunteer services beginning this _____ day of _____, 20__.

Volunteer's Legal Name

Address

City State Zip

Phone

Email Address

Volunteer's Signature

Parent Signature (For Volunteers under 18)

Date

City of Maple Valley



Emergency contact information for Volunteers

I am providing the following emergency contact information for the City's use by listing two individuals, in order of priority, who can be reached in case of accident, sudden illness, etc.:

Volunteer Name: _____

Contact 1:

Name: _____ Relationship: _____

Phone number: _____

Phone number: _____

Contact 2:

Name: _____ Relationship: _____

Phone number: _____

Phone number: _____

I am also providing the following emergency notification data for the City's use in the case of regional disaster, such as an earthquake, by listing one individual who lives outside of Washington State:

Name: _____ Relationship: _____

Home Address: _____
No. & Street City State Zip Code

Phone number: _____

Phone number: _____

I understand it is my responsibility to advise the City of any changes to this data:

PRINTED NAME

SIGNATURE

DATE