



Jefferson County Volunteer Terms of Agreement



In consideration of giving me permission to perform these volunteer services, I agree to the following terms:

1. I will not appear for volunteer service under the influence of any drugs or alcohol.
2. I will abide by the County's Volunteer Code of Conduct (see website).
3. Should I be injured while performing authorized volunteer work, I understand that the County has included my hours of volunteer service in the Washington State Department of Labor and Industries coverage for volunteer workers.
4. I will report any on-the-job injury or illness, no matter how minor, to the Volunteer Coordinator / Event Coordinator.
5. I consent to the County 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 considering it for determining my suitability as a volunteer. Further, I release Jefferson County and those individuals/institutions that provide information from any liability that may arise from the provision of this information.
6. The County may terminate this agreement at any time without cause. I am volunteering my services at will and may be asked to discontinue such without prior notice or reason.
7. 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 Jefferson County Volunteer Program, I hereby assume all risk of injury, damage, and harm to myself arising from such activities. I also hereby individually and on behalf of my heirs, executors, and assignees, release and hold harmless the County, its officials, employees, and agents and waive any right of recovery that I might have to bring a claim or lawsuit against them for any personal injury, death or other consequences occurring to me arising out of my volunteer activities, except for those caused by the sole negligence of the Jefferson County.
8. I authorize any necessary emergency medical treatment that might be required for me in the event of physical injury and/or accident to me while participating in this program.
9. I have read and understand the Immunity from Liability for Covered Volunteer Workers (RCW 38.52.180) (see website).
10. I give permission for photos/videos taken of myself during volunteer activities to be used for publicity purposes without recompense.
11. This agreement will be in effect for the duration of my volunteer services.

Signature

Date