

Eagle Scout Project Volunteer Service Agreement

In consideration of the City of Bainbridge Island (City) giving me permission to serve as a City volunteer, I agree to the following terms (by signing at the bottom you agree to these statement):

- I will abide by all relevant policies while performing volunteer services. I understand that these policies and procedures are continually evaluated and may be amended, modified or terminated at any time and at the sole discretion of the City with or without notice.
- I understand that this Agreement shall not in any way constitute nor create an employer/employee relationship between the City and myself. 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 this Agreement.
- I understand that I am not to appear for volunteer service under the influence of any drugs or alcohol.
- I understand that it is my responsibility to secure information from my staff liaison if I have questions or concerns about any of the information provided to me as a volunteer.
- I agree not to go beyond the scope of the Eagle Scout Project agreed to without authorization.
- I hereby certify that I am capable of performing the duties without accommodation, or with the following accommodation(s) specified below.
- I understand that I am to report any on-the-job injury or illness, no matter how minor, to the City staff liaison.
- 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'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 and indemnify the City, its officials, employees, volunteers 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, except for those caused by the sole negligence of the City.

- 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.
- 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.
- I understand that I or the City may terminate this agreement at any time without cause, that I am volunteering my services at will and may be asked to discontinue such without prior notice or reason.

I hereby volunteer my services to perform only the services related to the approved Eagle Scout Project. I understand I will not be compensated for my work. If I decide to discontinue my project, I will notify the Executive Department and my staff liaison in writing.

Name (printed): _____

Signature: _____

Date: _____

Signature of Parent or Guardian: _____

Date: _____