SOUTH SOUND 911
YOUR CONNECTION TO POLICE, FIRE AND MEDICAL AID

VOLUNTEER APPLICATION & SERVICE AGREEMENT

Purpose: The purpose of this Agreement is to outline the responsibilities of South Sound 911 in providing volunteer opportunities and to create an understanding between the agency and the volunteer. The Agreement shall apply to persons voluntarily performing non-compensated services for the agency.

Volunteer Applicant Name: ***First, Middle, Last*** **(Please Print)**	
Parent/Guardian Name (if under 18)	**Volunteer Cell Phone (with area code)**
Address	Home Phone (with area code)
City, State and ZIP Code	
Email Address	
Emergency Contact Name	**Phone**

What skills can you offer?

☐ *Typing/Data Entry* ☐ *Filing* ☐ *Manual Office Work (stocking supplies, mailings, etc.)*

☐ *Reception Assistance (greeter, phones, etc.)* ☐ *Other Office (specify: _____)*

☐ *Other (specify: _____)*

What is your relevant work experience/history?

What skills do you hope to gain?

How did you hear about South Sound 911's Volunteer Program?

Special accommodations needed/notes:

I understand that I will not be compensated for my work, but volunteer to do so in a responsible manner. I agree to abide by all relevant agency policies and procedures. South Sound 911 shall not be responsible for, not liable for, not shall the applicant be eligible to receive any compensation or benefits as a result of this *(cont. next page)*

Agreement EXCEPT for State Labor and Industries Industrial Insurance medical aid coverage. If I decide to discontinue my volunteer service, I will notify the agency's Volunteer Coordinator.

Further, I certify that I am capable of performing the duties that are requested. If I am unable to perform the duties requested, I will immediately notify the Volunteer Coordinator so that either a suitable form of accommodation may be found, or that an individual who is capable of performing the task can complete it.

In consideration of South Sound 911 giving me permission to perform these volunteer services, I understand and agree to the following terms as shown by my initials:

1. ____ I will abide by all laws and all agency rules and policies regarding personal conduct while performing volunteer services.

2. ____ I understand that I am not to appear for volunteer service under the influence of any drugs or alcohol. I agree to inform the Volunteer Coordinator at the beginning of the shift if taking any over-the-counter or prescription medications which may impair the ability to perform volunteer duties.

3. ____ I agree to not go beyond the agreed-upon scope of volunteer service work without prior authorization.

4. ____ 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.

5. ____ I understand that South Sound 911 has included my hours of volunteer service in the State Labor & Industries coverage and that any administrative fees will be paid solely by me.

6. ____ I understand that I am to report any on-the-job injury or illness, no matter how minor, to the Volunteer Coordinator or my assigned supervisor.

7. ____ **I consent to South Sound 911 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 purpose of determining my suitability as a volunteer worker (to be used to screen volunteers who will have unsupervised access to children, developmentally disabled persons or vulnerable adults, or for volunteers who will be working with sensitive information).

8. ____ I understand that I am working without compensation and that South Sound 911 may terminate this agreement at any time without cause.

9. ____ I agree on behalf of myself and my heirs to defend, indemnify and hold harmless South Sound 911, its officials, employees and agents for any claims for liability or lawsuits of any kind by any other person or entity that arise out of my performance of volunteer service hours except for those claims for injuries or damages by third parties caused by the sole negligence of the agency.

10. ____ I understand that this agreement will be in effect for the duration of my service as a volunteer.

Date Signed: _____

_____ _____

Volunteer Signature Parent or Guardian Signature (if applicant is under 18)