



## Volunteer Service Agreement

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Please specify the days of the week and hours you can volunteer:

Days	Hours (e.g., 1pm – 5pm)

Preferred Activities: \_\_\_\_\_

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*All volunteers operating a City owned vehicle will be required to complete a driver's license check by Human Resources and have a verified acceptable driving record. If the position will require driving, please provide the following information:*

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If the position will require driving, please provide the following information:

Driver's License # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**\*\*Attach Copy of Driver's License, if allowed to drive a personal vehicle as a volunteer also attach copy of Liability Insurance.**

### AGREEMENT

In consideration of mutual benefit to the parties received by allowing volunteers to provide volunteer services for certain city departments, divisions, or areas of the City of Missoula, I, as a volunteer for the City of Missoula, hereby agree and acknowledge the following volunteer criteria:

**(please initial before each paragraph after reading)**

\_\_\_\_ I acknowledge I am a volunteer, and I am not employed by the City of Missoula to perform similar services I am performing as a volunteer. I understand my volunteering does not establish an employee-employer relationship for wage or any other compensation.

If I am a current City employee, I will not use my Paid Volunteer Leave benefit to perform volunteer service for the City.

I acknowledge I am a volunteer, and I will not be provided compensation, health insurance coverage, or other benefits; and I will not receive gifts over the value of \$50.

I acknowledge volunteer status does not constitute an offer of employment for current or future job openings.

I agree to follow all City of Missoula practices and procedures as informed by my immediate supervisor or other city staff.

I agree to report all injuries, while volunteering, to my immediate supervisor within 24 hours of the injury.

I agree to follow the directives and instructions provided by the City employee supervising the specific activity I am performing as a volunteer.

I understand and agree the information I obtain through my volunteer work at the City may be confidential and this information will be held confidential by me.

I understand volunteers will have Workers Compensation coverage only when performing tasks for the City under direction and supervision of City staff.

I hereby authorize and permit the City of Missoula to use my likeness or picture, in any photograph, promotional advertising, news story, documentaries, city reports, plans, documents, public service announcements, and/or other advertising or promotion of the City of Missoula.

**Volunteer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

If volunteer is under the age of 18, parent/guardian must sign below:

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Volunteer Coordinator:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Cc to City Risk and Safety Manager