

**CITY OF FEDERAL WAY
VOLUNTEER AGREEMENT/WAIVER OF LIABILITY**

As a City of Federal Way (“City”) volunteer, I agree to:

- Perform my assigned volunteer duties to the best of my ability.
- Observe the same rules and policies as observed by City employees.
- Report to work on time when scheduled.
- Call my supervisor when I am late or unable to work.
- Accept direction and supervision.
- Treat all City employees and other volunteers with courtesy and respect.
- Strive to help the City meet its goals and objectives.
- Give my supervisor adequate notice before terminating my volunteer position(s).

The City of Federal Way agrees to:

- Provide adequate workspace for me when possible.
- Provide ongoing supervision and evaluation.
- Provide me with training when appropriate and available.

All information obtained by me in working as a city volunteer shall be considered confidential and I agree that I will not discuss such information to any person or entity.

I understand that I may be required to fill out a “Request for Criminal History Information Child/Adult Abuse Information Act” questionnaire, and have it submitted to the Washington State Patrol. I am also aware that volunteering with the City of Federal Way is at will, and the relationship may be terminated at any time as either I, or my immediate supervisor may deem appropriate. This Volunteer Agreement shall not be deemed to create an employment relationship between myself and the City of Federal Way and I acknowledge that the City shall not be required to pay me a salary, sick leave, vacation pay or any other compensation or benefit of employment.

VOLUNTEER: _____ DATE: _____

WAIVER OF LIABILITY

I am the parent or guardian for the above minor. I consent to the minor volunteering at the City and agree to indemnify and hold the City of Federal Way, its elected officials, officers, agents, employees, other volunteers, and any other third party for whom my daughter/son is performing volunteer services, harmless from and against any liability or cost arising from or resulting from my actions as a volunteer.

SUPERVISOR: _____ DATE: _____

PARENT/GUARDIAN: _____ DATE _____