



**CITY OF DUPONT
GROUP VOLUNTEER - WORK PROJECT APPLICATION**

General Information

Organization (if applicable):

Contact Person: _____ Date of Birth: _____

Address: _____ State /Zip: _____

Home Phone: _____ Work Phone: _____ Email: _____

Estimated number of volunteers in the group: _____

Number of volunteers with special needs: _____

Location of Proposed Work

Event/Facility/Park/Trail (Name/location): _____

Specific portion of Facility/ Park/Trail/area: _____

Description of Volunteer Work or Project

Estimated Project Timeframe

Please indicate how frequently, your group will be participating in this work to complete this project:

One time Quarterly Monthly Weekly

Estimated number of hours to complete the project: _____

Proposed start date: _____ Proposed completion date: _____

Volunteer Service Agreement

Agreement:

As an organization, we agree to maintain, but not alter, remove or destroy the present landscaping or design of the park, trail, or area which our project involves. We acknowledge that all physical changes must be submitted in writing and are subject to approval by the City of DuPont. We understand that the City of DuPont's employees will give direction and coordination as appropriate. We will comply with the conditions outlined by the City of DuPont and we will also comply with all rules and regulations of the City's municipal code and the Volunteer Agreement(s).

By my signature below as the group's representative, I acknowledge that all volunteers on this project have agreed to provide volunteer services for no compensation and willingly agree to:

- Facilitate the registration of all the volunteer workers for the City of DuPont;
- Follow all safety rules and regulations, avoid all hazards, and refuse to perform any work assignment we are not qualified to perform;
- The group agrees to accept responsibility for the safe use and maintenance of tools and equipment use as part of volunteer service;
- We agree to represent the City of DuPont and fellow volunteers/organizations in a positive, professional way, following all directions and advice offered by my project supervisor;
- As far as I know there is not a member of our volunteer group who has been charged with a misdemeanor or felony;

Does the volunteer activity that you will be performing require any licenses, i.e. professional /trade /recreational as listed with WA State Department of Licensing, WA State Department of Health, WA Department of Labor and Industries, or any other state agency as required by state law? **If so, please list the license number(s) and/or other required insurance and/or bonding information below your name.**

Volunteer group leader ensures that to the best of their knowledge there are not any medical issues that will preclude individuals from participating in the activity.

REGISTRATION AND CONDITIONS OF VOLUNTEER SERVICE

Please read the following: your signature indicates you understand and agree. Any questions please check with your project coordinator.

VOLUNTEER WORKERS

I understand that as volunteer workers as defined by RCW 51.12.035, all volunteers must register with the City of DuPont. I agree to submit the number of hours volunteered to the project coordinator. I agree to abide by the policies, procedures and guidelines set forth by City of DuPont. I give permission for an authorized representative of the City to conduct a criminal background check in accordance with RCW 43.43.830-839 and I release the City of DuPont and those individuals/institutions that provide information from any liability that may arise from the provision of this information.

VOLUNTEER - NOT AN EMPLOYEE OF CITY OF DUPONT

It is understood that volunteers are not employees of the City of DuPont. As the group representative I acknowledge that the volunteers will not represent themselves as, or claim to be an officer or employee of the City or claim any right, privilege or benefit which would accrue to an employee under Chapter 41.06 RCW, Chapter 28B.16 RCW or any other applicable state law. The volunteer group understands that there will not be any personal compensation for services rendered through volunteer activities.

HOLD HARMLESS AGREEMENT

I hereby assume all risk of injury, damage, and harm to myself and the group I am representing from our volunteer activities or use of City facilities. As the group representative, I also hereby individually and on behalf of our heirs, executors, and assignees, release and hold harmless the City of DuPont, its officials, employees, and agents and waive any right to recovery that we might have to bring a claim or lawsuit against them for any personal injury, death or other consequences occurring to us arising out of our volunteer activities.

ACCIDENTS/INJURIES WHILE VOLUNTEERING

If an accident occurs while performing as a volunteer, the accident must be reported to the City of DuPont program coordinator immediately or within 24 hours. It is understood that if a volunteer is injured while performing volunteer activities the volunteer may be eligible for workers' compensation benefits as described in RCW 51.12.035. In addition, registered volunteers may be afforded liability coverage through the City's insurance program. For specific information please contact the City of DuPont Risk Manager at City Hall (253) 964-8121.

NONDISCRIMINATION

I understand that during my performance as a volunteer for the City of DuPont, I shall comply with City Policies and Procedures, and all federal and state nondiscrimination laws, regulations and policies.

RIGHT TO REJECT SERVICES

The City of DuPont reserves the right to limit the use of volunteers, adjust the hours of volunteer work, or reject services as it, in its sole discretion deems fit, in order to best achieve its public purpose and policy.

TIMESHEETS

I understand that I must submit the hours worked by volunteers and a sign in sheet. Failure to document volunteer time and names may make volunteers ineligible to receive such benefits per RCW 51.12.035.

Signature: _____ Date: _____

For More Information -- Please contact our volunteer coordinator at DuPont City Hall

Amy Walker
City of DuPont
1700 Civic Drive
DuPont, WA 98327
Phone: (253) 912-5245
Fax: (253) 964-3554
Email: awalker@dupontwa.gov

----- To Be Completed By Staff -----

Background Check Completed: Yes _____ No _____ (if completed attach copy of background check)

Project Approved By: _____ Date: _____

