

Volunteer Release, Hold Harmless Agreement
Town of Lyman

I understand that I will not be compensated for my work but volunteer to do so in a safe, responsible manner. I agree to abide by all relevant Town of Lyman policies and procedures. The Town of Lyman shall not be responsible for, or liable for, nor shall the applicant be eligible to receive, any compensation or benefits as a result of this agreement. If I decide to discontinue my volunteer service I will notify the Volunteer Coordinator or supervisory department staff.

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 or supervisory department staff, 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 the Town of Lyman giving me permission to perform these volunteer services, I understand and agree to the following terms as shown by my initials:

1. _____ I am not to appear for volunteer service under the influence of any drugs or alcohol. I agree to inform the Town's supervisor at the beginning of the shift if taking any over-the-counter or prescription medications which may impair the ability to perform volunteer duties.
2. _____ I will abide by all policies regarding personal conduct while performing volunteer services.

LIABILITY COVERAGE: I understand that the Town is self insured through Cities Insurance Association of Washington (CIAW) for liability coverage. Volunteers over the age of 14, performing within the scope of their assigned duties as authorized by the City are afforded the same coverage as Town employees under the Town's liability coverage with CIAW. I am fully aware that a volunteer's intentional misconduct is not protected or covered by the Town or CIAW. This agreement will be in effect for the duration of my volunteer services beginning this date.

Volunteers Signature

Date
