AGREEMENT REGARING INDIVIDUAL VOLUNTEER SERVICE WITH THE CITY OF MILL CREEK

| I,, hereby volunteer my services to perform only the services as | | |
|---|---|--|
| outlined in the attached scope of volunteer work for the Recreation & Tourism Department of the City. | | |
| I understand I will not be compensated for my volunteer work, but volunteer to work in a responsible | | |
| manner. If I decide to discontinue my volunteer service, I will notify Jay Sandstrom at | | |
| jays@cityofmillcreek.com or 425-921-5736. | | |
| or 123 721 3730. | | |
| Further I her | ehy identify that I am canable of performing the duties as outlined in the attached scope | |
| Further, I hereby identify that I am capable of performing the duties as outlined in the attached scope | | |
| of volunteer work without accommodation or with the following accommodations: | | |
| Youth Basketball Coach: Instruct and teach fundamentals of basketball to children ranging in ages | | |
| 5-14. | | |
| | | |
| | | |
| In considerati | ion of the City of Mill Creek giving me permission to perform these volunteer services, I | |
| agree to the following terms: | | |
| Click box to ackno | | |
| 1 | I understand that I am not to appear for volunteer services under the influence of any | |
| | drugs or alcohol. | |
| 2 | | |
| ۷٠ | I will abide by all City policies regarding personal conduct while performing volunteer | |
| 2 | activities. | |
| 3 | I agree not to go beyond the scope of volunteer work agreed to without authorization. | |
| 4 | Should an injury occur during the scope of my service, I understand that: | |
| | The City will include my hours of volunteer service in the State Labor and Industries | |
| | coverage for volunteer workers as reported below. | |
| 5 | I understand that I am to report any on-the-job injury, no matter how minor, to the | |
| | Recreation Coordinator, Jay Sandstrom at jays@cityofmillcreek.com or 425-921-5736. | |
| 6. | Depending on the scope of volunteer work, the following policies may apply: | |
| 0. | (Please initial the policies reviewed if applicable) | |
| | Safety procedures | |
| | · · · · · · · · · · · · · · · · · · · | |
| | Volunteer directions | |
| | Driving | |
| _ | Computer operation | |
| 7 | I acknowledge that I have been trained on the above initialed policies and understand | |
| | them and/ or have had the opportunity to ask any questions. | |
| 8 | I understand that I or the City may terminate this agreement at any time without cause, | |
| | and that I am volunteering my services at will and may be asked to discontinue such | |
| | without prior notice or reason. | |
| 9 | I agree to hold harmless the City of Mill Creek, its officials, employees and agents for | |
| | any damage claim or lawsuit for injury, illness or damage or loss of any kind to me | |
| | arising out of my performance in any way of the volunteer services outlined above. | |
| 10 | I will be volunteering one to two hours during the week and one to two hours on | |
| 10 | | |
| | Saturdays from November 17, 2018 – March 2, 2019. | |

If my schedule changes and I am unable to fulfill this commitment, I will notify Jay Sandstrom, Recreation Coordinator, immediately at igys@cityofmillcreek.com or 425-921-5736.

This agreement will be in effect for the duration of my volunteer services beginning this date.

| Date this day of | of, 20 |
|--|---------------------|
| Jay Sandstrom | |
| Recreation Coordinator City of Mill Creek | Volunteer Signature |
| | Address |
| | Phone Number |
| | Email |