



CITY OF KEIZER VOLUNTEER AGREEMENT

The City of Keizer recognizes the need and desirability for shared stewardship and partnership with the community. Thank you for your time and dedication to the City of Keizer.

NAME OF VOLUNTEER: _____

ADDRESS: _____
(STREET/PO BOX)

_____ (CITY) _____ (ZIP)

DAY PHONE: _____ EVENING PHONE: _____

Contact In Case of Emergency: _____ Phone: _____

Volunteer Assignment: Description:

Location:

Date of Service: _____

Resources:

You are certifying that you are experienced and qualified in the following: (Mark items below with an X)

- | | |
|------------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> NONE | <input type="checkbox"/> Gardening |
| <input type="checkbox"/> Chain Saw | <input type="checkbox"/> Concrete Finishing |
| <input type="checkbox"/> Mowing/Mowers | <input type="checkbox"/> Irrigation Piping |
| <input type="checkbox"/> Tractor | <input type="checkbox"/> Backhoe |
| <input type="checkbox"/> Framing | <input type="checkbox"/> Pruning |
| <input type="checkbox"/> Chipper | <input type="checkbox"/> Pick-up Truck |
| <input type="checkbox"/> Flatbed | <input type="checkbox"/> Concrete Tools |
| <input type="checkbox"/> Tractor | <input type="checkbox"/> Painting |
| <input type="checkbox"/> Trenchers | <input type="checkbox"/> Office Equipment (List in Other) |
| <input type="checkbox"/> Power Tools (List in Other) | <input type="checkbox"/> Hand Tools (List in Other) |

Other: _____

Agreement:

I, the undersigned, as an individual and/or representative of family members under the age of 18 years old, have read and understand the contents and nature of this agreement. The City of Keizer, its officers, employees, volunteers and agents will be known as the City of Keizer in the remainder of this agreement.

I agree that:

- I will perform the volunteer services pursuant to the above volunteer assignment.
- The above described activities may expose me, other members of the volunteer event, and other volunteers to a variety of hazards. Dependent upon the nature of the volunteer event, the risk of injury attendant with the event, whether foreseen or unforeseen, cannot be eliminated.
- In the event of an emergency, accident, or illness, I authorize the City of Keizer and its employees to administer emergency medical care to me or my child and/or, if deemed necessary, to secure emergency medical services and incur expenses for which I will be responsible for payment. My signature below hereby represents that I have read, understand, and consent to this agreement.
- If I use a personally owned vehicle in the course of my duties, I agree and represent that I have automobile liability insurance in accordance with Oregon law. I understand I must possess a valid driver's license and that I will immediately inform the City of Keizer if either my driver's license or insurance is suspended, revoked, or cancelled.
- I further agree that, despite this Release and Waiver of liability, Assumption of Risk and Indemnity Agreement, if I or anyone on my behalf makes a claim against the City of Keizer. I will indemnify, save and hold harmless the City of Keizer from any litigation expenses, attorneys' fees, loss, liability, damage, or costs that the City of Keizer may incur as a result of such action.
- I agree to not perform any services unless I have been fully trained to do so. I agree to assume full responsibility for my own safety.

By signing this release form, I agree to waive and discharge any and all claims and to hold harmless the City of Keizer, officers, employees, volunteers, and agents from any claim for injury or damages that may arise from, or in connection with my or my minor child's work in the volunteer service described above. I agree that I or my minor child are physically capable of doing the volunteer work.

This agreement is intended to be as broad and inclusive as is permitted by law. I understand this agreement and I have read this agreement in its entirety and I freely and voluntarily assume all risks and responsibilities associated therewith, and notwithstanding such, I agree to perform pursuant to this agreement and be bound by its conditions. By signing below, I agree that I understand and consent to this agreement.

THIS IS A RELEASE AND WAIVER OF RIGHTS – READ BEFORE SIGNING.

SIGNATURE (If under 18 years of age, Legal Guardian's signature.)

DATE

Completed forms should be delivered to City of Keizer City Recorder Department within three days of volunteer service. Forms may be filled out electronically. Please press the print button when complete, sign the form and deliver it to City of Keizer City Recorder Department.