



City of Benson

AGREEMENT FOR INDIVIDUAL VOLUNTEER SERVICE

PURPOSE: The purpose of this Agreement is to outline the responsibilities of the City of Benson in providing volunteer opportunities, and to create an understanding between the City and the volunteer. This Agreement shall apply to persons voluntarily performing non-compensated services for the City.

Volunteer Name: First, Middle, Last (Please Print)	Home Phone (with area code):	Date of Birth (DOB) / /
Parent/Guardian (if under 18) Name (Please Print)	Cell Phone (with area code):	
Address	Work Phone (with area code):	Emergency Contact:
City, State, Zip	Email:	Emergency Contact Phone:

AGREEMENT FOR NON-COMPENSATED SERVICES: I hereby volunteer my services to the City of Benson. The Volunteer agrees to abide by all relevant City policies and procedures and to perform the volunteer services in a safe, responsible manner in accordance with the descriptions of service.

It is further understood that this Agreement shall not in any way constitute nor create an employer/employee relationship between the City and the Volunteer. The City shall not be responsible for, nor liable for, nor shall the applicant be eligible to receive, any compensation or benefits as a result of the Agreement.

I further understand that: (Please initial the following)

- I am not to appear for volunteer service under the influence of any illegal drugs or alcohol. I agree to inform the 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.
- I will abide by all City policies regarding personal conduct while performing volunteer services.
- I agree not to go beyond the scope of volunteer work agreed to without authorization.
- I am to be trained on any activity that I am unfamiliar with, learn the corresponding policies, and it is my responsibility to understand them completely or ask questions until I feel confident to perform them.
- I hereby identify that I am capable of performing duties without accommodation, or with the following accommodation(s):
- Depending on the scope of volunteer work, the following policies may apply: Safety Procedures
- I understand that I am to report any on-the-job injury or illness, no matter how minor, to my supervisor. I authorize emergency medical care if it should become necessary.
- I grant full permission to use any photographs, videotapes, motion pictures or recordings for publicity purposes by the City.

If you are volunteering for a Junior Lifeguard position, you must complete a City of Benson employment application.

Volunteer Signature: _____ **Date:** ____/____/____

Parent/Guardian Signature: _____ **Date:** ____/____/____