

**San Juan Island Park & Recreation District, Island Rec
Volunteer Application and Agreement**

Name: _____ Application Date: _____

Mailing Address: _____ City, State, Zip: _____

Day Phone: _____ Cell Phone: _____

Email: _____ Date of Birth: _____

In case of emergency, please contact:

Name: _____ Relationship: _____

Day Phone: _____ Night Phone: _____

In what capacity do you want to volunteer:

Specifically: _____

Please check all that apply:

- | | |
|--|--|
| <input type="checkbox"/> Special Events: _____ | <input type="checkbox"/> Race Event Support: _____ |
| <input type="checkbox"/> Youth Activities: _____ | <input type="checkbox"/> Trails: _____ |
| <input type="checkbox"/> Youth Sports: _____ | <input type="checkbox"/> Parks: _____ |

When are you available to volunteer? _____

Are you currently certified in CPR/First Aid? **Yes** **No** If yes, please attach a copy.

You must answer yes or no to the following questions. Refusal to answer or an untruthful answer will result in your employment or voluntary services with Island Rec being immediately terminated.

Have you ever been convicted of, or received a deferred sentence, or deferred prosecution or have any case pending for:

Any sex offense?	Yes	No
Felony violence?	Yes	No
Any felony within the last 10 years?	Yes	No
Any misdemeanor in the last 7 years?	Yes	No

If you answered yes to any of the above questions, please explain:

Please List two personal references who we may contact, having knowledge of your character, experience, and ability:

Name _____ Day Phone _____

Name _____ Day Phone _____

Volunteer Agreement

AGREEMENT FOR NON-COMPENSATED SERVICES: I hereby volunteer my services to Island Rec and agree to abide by all relevant agency 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 Island Rec and the Volunteer. Island Rec is not responsible for, nor liable for, nor shall the applicant be eligible to receive, any compensation or benefits as a result of this agreement except for Washington State Labor and Industries Industrial Insurance medical aid coverage.

I further understand that:

I am not to appear for volunteer service under the influence of alcohol or any illegal drugs. I agree to inform the supervisor at the beginning of the shift if taking any over-the-counter or prescription medications that may impair my ability to perform volunteer duties.

I will abide by all Island Rec 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.

Should an injury occur during the scope of my service, Island Rec has included my hours of volunteer service in the State Labor and Industries coverage for volunteer workers. I am responsible for recording and reporting my hours to the District.

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, video or recordings of me for publicity purposes by the District.

Termination: I understand that Island Rec or I 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.

Waiver & Hold Harmless: I am fully aware that the work associated with being an Island Rec volunteer involves certain risks of physical injury or death. Being fully informed as to these risks and in consideration of my being allowed to participate in Island Rec's Volunteer Program, I hereby assume all risk of injury, damage, and harm to myself arising from such activities or use of District facilities. I also hereby individually and on behalf of my heirs, executors and assignees, release and hold harmless Island Rec, its officials, employees and agents and waive any right of recovery that I might have to bring a claim or lawsuit against them for any personal injury, death, or other consequences occurring to me arising out of my volunteer activities.

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

Signature of Volunteer: _____ **Date:** _____

For youth under 18 years of age: _____ has my permission to accept an assignment as a volunteer for the San Juan Island Park & Recreation District.

Parent/Guardian's Signature: _____ Date: _____

https://islandrec-my.sharepoint.com/personal/admin_islandrec_onmicrosoft_com/Documents/Cloud Documents/Network My Documents/administration/Personnel/Volunteers/volunteer application 1.5.18.docx

Form date: January 2018