



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: _____

Address: _____

STREET/PO BOX

CITY, STATE, ZIP

Phone: _____ Alternative Phone: _____

Email Address: _____

Contact In Case of Emergency: _____ Phone: _____

Volunteer Assignment:

____ Parks ____ Trashy Tuesday/ Litter Clean-up/ Adopt a Street ____ Graffiti Abatement

____ Other (Describe below)

Description: _____

Location(s): _____

Date(s) of Service Event: _____

Resources

You are certifying that you are experienced and qualified in the following:

____ NONE

____ Chain Saw

____ Mowing/Mowers

____ Tractor

____ Framing

____ Chipper

____ Flatbed

____ Trenchers

____ Hand Tools (List in Other)

____ Power Tools (List in Other)

____ Gardening

____ Concrete Finishing

____ Irrigation Piping

____ Backhoe

____ Pruning

____ Pick-up Truck

____ Concrete Tools

____ Painting

____ Office Equipment (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.

Photo Release

- I grant to the City of Keizer, its representatives and employees the right to take or use photographs of me, my children/wards, my pet(s), and my property in connection with the above-identified event. I authorize the City of Keizer, its representatives and employees to copyright, use and publish the same in print and/or electronically without compensation.
- I agree that the City of Keizer may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, promotion, and Web content.

Check box to opt out of Photo Release

☐

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

Note to City Staff - Completed forms should be delivered to City of Keizer City Recorder Department within three days of volunteer service. Forms may be filled out electronically but must be printed and signed.