



EMERGENCY MANAGEMENT ADULT VOLUNTEER SERVICE AGREEMENT for CERT

I, _____, hereby attest that I am at least 18 years old and volunteer my services to perform only actions directly authorized by City of Issaquah (“City”) Emergency Management staff. I understand I will not be compensated for my services and will perform in a responsible manner. I attest I am capable of performing Citizen Emergency Response Team (CERT) duties as presented to me at City trainings and understand my volunteer duties are solely for CERT training, exercises and actual emergency activities under the sole direction of City Emergency Management staff and not any other volunteer entity. I know I am a City volunteer, not an employee, at any time. As a direct City volunteer, I understand that to be covered under the City’s liability insurance and limited Labor & Industries medical coverage that I will only be considered a sanctioned City volunteer **while I am performing actions at the direct request of the City and while I am doing so within City limits. If I leave City limits and/or perform actions under another emergency group’s direction, then I am no longer covered/protected under this volunteer agreement.**

My ONGOING volunteer services will commence on _____, 20____. I UNDERSTAND AND AGREE THAT:

- I am not to appear for volunteer service under the influence of any drugs or alcohol;
- My volunteer services commence when I appear for a training, exercise, or event, and not during transportation to/from an event. If I do choose to drive my vehicle during an event, I understand that my auto insurance is primary and the City is not liable for any deductibles, reimbursements, tickets, fines, or other out-of-pocket costs I may incur from my driving my own car and I waive any right of recompense from the City unless damage was due to the sole negligence of the City.
- I may be entitled to receive full coverage for medical treatment required, if the injury was incurred during qualified volunteer participation, under the medical aid provisions of the Worker’s Compensation Act, which is administered by the Department of Labor and Industries, but not for loss of time (i.e., from a job) because of injury or illness, or for lasting disability or death. It will be my responsibility to notify the treating medical facility that this is a volunteer “on-the-job” injury to receive such coverage. I am aware the incident is subject to routine investigation for verification purposes and is not a guarantee of coverage if it is determined not to be a volunteer associated injury. I must also report any “on-the-job” injury or illness, no matter how minor, to the City’s risk management office through an incident report;
- the City’s CERT representative or City designee shall inform me of any necessary personal protective equipment, as required for the scope of the activities by the Washington Industrial Safety and Health Act, and I agree to utilize it (it may be provided by myself or the City) and I understand 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; and
- I give permission for photos/videos taken of myself during volunteer activities to be used for publicity purposes, without recompense;
- I understand that I am **not** to have child(ren) with me, during my volunteer activities. If I do bring minors with me, (*a violation of this agreement*), I understand I may be turned away from volunteering and, if I do bring minors with me, I agree to be solely liable, and assume all risk of liability for the minor’s actions and hold the City and its designee harmless from any and all related claims against the City;
- the City may terminate this agreement, in writing, at any time without cause or verbally/immediately in the event of gross violation of volunteer actions. I understand I am volunteering my services at will and may be asked to discontinue without prior notice or reason. I may also terminate this agreement, in writing, as soon as is practical at any time without prior notice, or verbally/immediately if needed;
- as a CERT, I may come into contact with children, the handicapped, or elderly, and I consent to the City performing a background check into my history in accordance with RCW 43.43.834 and waive any right of privacy I may have in such information for the limited purpose of the City considering the information solely for determining suitability as a volunteer and no other reason; and
- I am fully aware of the special dangers and risks inherent in the activities that I may volunteer for on behalf of the City as a CERT volunteer and I hereby assume all risk of liability. I also waive any right of recovery for myself, my heirs, executor, or personal representatives, from, or to bring suit against, the City and their responsive officers, officials, employees and volunteers, holding them harmless from any and all claims for any personal injury, loss, death, damage, or other consequences to myself arising out of my voluntary participation in a CERT activity, except for injuries and damages caused by the sole negligence of the City.

This agreement will be in effect for the duration of my service beginning on date listed above, unless amended in writing.

Dated this _____ day of _____, 20_____.

Signature of Volunteer _____

Printed Name of Person Signing Above _____

Home Address: _____

Home Phone Number: (____) _____ Cell Phone Number: (____) _____

Printed Emergency Contact Name with Phone Numbers: _____

Cell: (____) _____ Day: (____) _____ Eve: (____) _____