

**AGREEMENT REGARDING ORGANIZATIONAL  
VOLUNTEER SERVICE WITH THE CITY**

Our organization, the \_\_\_\_\_ volunteer our services to perform only the services as outlined in the attached scope of volunteer work for the City. We understand that we will not be compensated for our work but we volunteer to perform in a responsible manner. If we decide to discontinue volunteer service our contact person (designated below) will notify the Director of the \_\_\_\_\_ Department.

We understand that and agree that:

- None of the group is to appear for volunteer service under the influence of any drugs or alcohol;
- The City has included our hours of volunteer service in the State Labor and Industries coverage for volunteer workers;
- Our organization is responsible for directly supervising the activities of all the individuals in our group who will be doing volunteer work, and therefore, in consideration of our organization and members being permitted to perform services on City property, our organization agrees to defend, indemnify and hold harmless the City of \_\_\_\_\_ and its officials, employees and agents from any damage claim or lawsuit for injury, illness, damage or other loss of any kind to anyone including members of our organization that might arise out of our activities or the actions of any individuals of our group, except for injuries or damages caused by the sole negligence of the City.
- Our organization has appropriate valid liability insurance of at least one million dollars to cover our activities; and a copy of the certificate of said insurance, naming the City as an “additional insured” is attached.
- The City may terminate this agreement at any time without cause, and that we are volunteering our services at will and may be asked to discontinue such without prior notice or reason.

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

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_.

\_\_\_\_\_  
City of

\_\_\_\_\_  
Name of Organization

\_\_\_\_\_  
Signature on behalf of organization

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number