



## Kaysville City Corporation VOLUNTEER SERVICE AGREEMENT

Name: \_\_\_\_\_

Primary Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Alternative Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

### Emergency Contact Information:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

### Volunteer Assignment Information

Project Type (check one box):

- Court Ordered Community Service
- Eagle Scout or Other Boy Scout Community Service
- Church Group
- Other Community/ Volunteer Service
- Volunteer Coaches

Department Working In: \_\_\_\_\_

City Staff Member Overseeing Service: \_\_\_\_\_

Description of Services to be performed: \_\_\_\_\_

## **Volunteer Acknowledgement and Agreement**

1. I acknowledge that I am volunteering solely for personal purposes or benefit without promise or expectation of compensation, benefits, or future employment from Kaysville City beyond any specified reimbursement agreements.
2. I agree to familiarize myself with, and abide by, Kaysville City's policies and procedures regarding conduct, confidentiality, safety and related policies and procedures. I understand that I may be subject to the same pre-employment screening and background checks as paid employees performing similar duties.
3. I agree to follow the supervision and direction of any personnel, employee, or other volunteer to whom I have been assigned to perform services. I also agree to participate in any training required by Kaysville City in order to perform volunteer services.
4. I understand and agree to follow the guidelines set forth for volunteers that are under the age of 16 years of age. Volunteers that are 14 or 15 years of age may not volunteer for more than 3 hours on a school day and may not volunteer later than 7:00PM from September 1<sup>st</sup> to June 1<sup>st</sup> each year and may not volunteer later than 9:00 PM from June 2<sup>nd</sup> to August 31<sup>st</sup> each year. Volunteers that are 16 years of age or older do not have any restricted hours.
5. If any duties include driving on City business, I acknowledge that I must possess a valid driver's license and complete the Employee Vehicle Use Policy Agreement.
6. I acknowledge that the City provides limited accidental liability coverage to volunteers, but that no other City-sponsored medical, retirement, or insurance apply to my associate with Kaysville City as a volunteer.
7. I acknowledge that Kaysville City may end my volunteer services with the City at any time for any reason.

By signing below, I attest that I am freely volunteering my time and services to Kaysville City. I also attest that I have read and agree to abide by the acknowledgements and agreements listed above.

Volunteer: \_\_\_\_\_ Date: \_\_\_\_\_

If you are under 18, a parent or guardian must also sign this form:

Parent/ Guardian: \_\_\_\_\_ Date: \_\_\_\_\_