



Snohomish County Parks, Recreation and Tourism
Group Volunteer Application/Agreement

General Information

Organization (if applicable): _____

Contact Name: _____ Date: _____

Address: _____ City, State Zip: _____

Home Phone: _____ Work Phone: _____ Email: _____

Park Location/Section

Park/Trail: _____

Area of Park/Trail: _____

Project Timeframe

Please indicate how frequent your group will be participating in this project.

- One Time
- Weekly
- Monthly
- Quarterly

Proposed start date: _____ Proposed completion date: _____

Project Proposal

Please provide a specific description of the project you (and/you organization) would like to undertake. Please include photos, drawings, list of supplies and/or materials if applicable. Please use additional pages if necessary.

Volunteer Service Agreement

As an organization, we agree to maintain, but not alter, remove or destroy the present landscaping or design of the park or trail which our project involves. We acknowledge that all physical changes must be submitted in writing and are subject to approval by the Park System. We understand that Snohomish County personnel will give direction and coordination as appropriate. We will comply with the conditions outlined by Snohomish County and we will also comply with all Rules and Regulations of the Parks.

By my signature below as the group's representative, I acknowledge that all volunteers on this project have agreed to provide volunteer service for no compensation and willing agree to:

- Follow all safety rules and regulations, avoid all hazards and refuse to perform any work assignment we are not qualified to perform.
- Agree to accept responsibility for the safe use and maintenance of tools and equipment use as part of volunteer service.
- Represent Snohomish County Parks and fellow volunteers/organizations in a positive, professional way, follow all directions and advice offered.
- Restrict participation by any individual charged with a misdemeanor or felony.
- Ensure that all participants under the age of eighteen (18) must have a Parent/Guardian Informed Consent Form [Appendix A] completed before participating in any program activity. The Volunteer Group Leader shall collect these forms before the event and keep the records on file during the activity in case of accident or injury. In addition, the Group Leader will maintain copies of the records.
- Assign a leader to each crew, and that crew leader shall have a copy of this Agreement with him/her during all program activities, a first aid kit shall be available at the activity site and a cellular phone, radio, or some form of two-way communication on site in case of emergency.
- Schedule activities with, and any needed supplies and materials from, the Parks Coordinator a minimum of two (2) week in advance of the event.
- Provide a Group Participant Volunteer Timesheet [Appendix B] of participants within 10 days of the event.
- Report any injuries incurred by participants during program activities to the Adopt-A-Trail Coordinator within twenty four (24) hours or one (1) working day of the injury. [Appendix C] Notification shall include:

Name, address, and phone number of injured person
Nature of injury
How the injury occurred

Date and Time of injury
Location of incident

- It is understood that if a volunteer is injured while performing volunteer activities the volunteer may be eligible for workers' compensation benefits as described in RCW 51.12.035. In addition, registered volunteers may be afforded liability coverage through the County's self-insured liability program. For specific information, please contact the County Risk Manager at (425) 388-3726
- If the volunteer activity that you will be performing requires any licenses, i.e. professional /trade as listed with WA State Department of Licensing, WA State Department of Health, WA Department of Labor and Industries, or any other state agency as required by state law, **please list the license number(s) and/or other required insurance and/or bonding information.**

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REGISTRATION AND CONDITIONS OF VOLUNTEER SERVICE

Please read the following – your signature indicates you are serving as the group lead and take responsibility to adhere to and ensure the following for yourself and the entire group:

VOLUNTEER WORKERS

I understand that as a volunteer worker as defined by RCW 51.12.035, I am responsible for registering as a volunteer worker. I agree to submit the number of hours volunteered to the project manager/supervisor. I agree to abide by the policies, procedures and guidelines set forth by Snohomish County Parks Department.

VOLUNTEER - NOT AN EMPLOYEE OF SNOHOMISH COUNTY PARKS

I understand that I am not an employee of Snohomish County Parks. I further understand that I will not hold myself out as, or claim to be an officer or employee of Snohomish County Parks or take any claim of right, privilege or benefit which would accrue to an employee under Chapter 41.06 RCW, Chapter 28B.16 RCW or any other applicable state law. I do not expect to receive any personal monetary wages for services rendered through volunteer activities.

MEDICAL / WORKERS COMPENSATION INSURANCE

I understand that as a registered volunteer under RCW 51.12.035 that Snohomish County Parks through their self-insured workers' compensation program, provides registered volunteers with medical aid for injuries sustained while engaged in volunteer activities. I further understand that this coverage does not apply to disability or injuries caused by pre-existing medical conditions.

HOLD HARMLESS

Except for their sole negligence, I agree to hold harmless and waive all claims of liability against the Snohomish County Parks arising out of my performance as a volunteer.

LIABILITY INSURANCE

Registered volunteers are provided liability coverage through the County's self-insured liability program. I understand that as a registered and accepted volunteer of Snohomish County Parks, if any action or proceeding for damages is brought against me while performing activities within my assigned/approved official duties, that I may request defense of said action as provided for in RCW 4.92.060 (for defense information and instructions, contact Snohomish County Risk Management Division in the County Finance Department (425) 388-3726.

I understand that if I use private motor vehicle in the course of these volunteer duties, it is my obligation to obtain and maintain state required liability insurance to cover any accidents involving my vehicle. I further understand that it is my responsibility to obtain and maintain insurance policies for damage, loss or liability on all personally owned, leased or rented equipment, vessels, horses, etc, I use while performing assigned volunteer work.

I further agree that should I be involved in an accident while performing assigned duties as a volunteer, I will report such accident immediately to the Snohomish County Parks program manager/supervisor of the volunteer activity.

NONDISCRIMINATION

I understand that during my performance as a volunteer for Snohomish County, I shall comply with all federal and state nondiscrimination laws, regulations and policies.

Signature: _____ Date: _____

BACKGROUND INVESTIGATION

I understand that the agency may conduct a background investigation as part of this application process. I authorize the background investigation by my signature.

TRAINING

Training is required for all volunteers registered with Snohomish County. Applicable training will be provided by my volunteer project supervisor or Parks Department staff.

TIMESHEETS

I understand that I must submit my hours worked by all volunteers in my group. Submitting hours worked to is a requirement for medical aid coverage through the workers' compensation. Failure to document my time may make me ineligible to receive such medical aid coverage.

Signature: _____ Date: _____

Further, I understand that I must collect completed Parent/Guardian Informed Consent Forms prior to having anyone under the age of eighteen (18) participate.

Signature: _____ Date: _____

For More Information - Please contact

Tony Trofimczuk – Recreation Supervisor
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Snohomish, WA 98296
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