



City
NORTH BONNEVILLE

P.O. Box 7

North Bonneville, WA 98639

(509)427-8182

2026 Gorge Days Individual Volunteer Agreement

I _____ hereby volunteer my services to perform only the services as outlined in the attached scope of volunteer work for _____.

I understand I will not be compensated for my work, but I will complete my volunteer duties in a responsible manner. If I decide to discontinue my volunteer service, I will notify Taylor Chambers at City Hall.

Further, I hereby certify that I can perform the duties as outlined in the attached scope of volunteer work (check which applies): Without accommodation ()

With the following accommodation(s) (): _____

In consideration of City of North Bonneville giving me permission to perform these volunteer services, I agree to the following terms (initial each):

1. _____ I understand that I am not to appear for volunteer service under the influence of any drugs or alcohol.
2. _____ I will abide by all of The City of North Bonneville's policies regarding personal conduct while performing volunteer services.
3. _____ I agree not to go beyond the scope of volunteer work agreed to without authorization.
4. _____ Should an injury occur during the scope of my service, I understand that as long as I track my hours on the sheet provided, The City of North Bonneville will include my hours of volunteer service in the Washington State Department of Labor and Industries coverage for volunteer workers.
5. _____ I understand that I am reporting any on-the-job injury or illness, no matter how minor, to Taylor Chambers at The City of North Bonneville.
6. _____ I understand that I or The City of North Bonneville may terminate this agreement at any time without cause, that I am volunteering my services at will and may be asked to discontinue such without prior notice or reason.
7. _____ I am fully aware that the work associated with being a volunteer involves certain risks of physical injury or death. Being fully informed as to these risks and in consideration of my being allowed to participate in the volunteer program, I hereby assume all risk of injury, damage and harm to myself arising from such activities or use of The City of North Bonneville facilities. I also hereby individually and on behalf of my heirs, executors and assignees, release and hold harmless The City of North Bonneville, its officials, employees, volunteers and agents and waive any right of recovery that I might have to bring a claim or a lawsuit against them for any personal injury, death or other consequences occurring to me arising out of my volunteer activities, except for those caused by the sole negligence of The City of North Bonneville.



8. _____ I give permission for photos/videos taken of myself during volunteer activities to be used for publicity purposes, without recompense.

I authorize any necessary emergency medical treatment that might be required for me in the event of physical injury and/or accidents to me while participating in this program.

YES _____ NO _____

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

Dated this _____ day of _____, 2026

Volunteer Signature: _____

Volunteer Printed Name: _____

Address: _____

Phone Number: _____ Email: _____

Parent/Legal Guardian Info (if applies):

Name: _____ Phone: _____

OFFICE USE ONLY:

Approved by: City Official Name: _____

City Official Title: _____

Date: _____
