



Washtenaw County Volunteer Services Agreement

This agreement is made this ____ day of _____, 20__ between Washtenaw County, a municipal corporation, hereinafter called "County" and _____, residing at _____, hereinafter called the "Volunteer".

1. The Volunteer hereby agrees to:

- A. Provide support communications to government agencies under the Radio Amateur Civil Emergency Services program pursuant to rules established by the Federal Communications Commission, and regulations established by the Michigan State Police and adopted by the Washtenaw County Sheriff's Office Emergency Services Division. Services shall be provided as the volunteer's schedule permits.
- B. Participate in required disaster training. Participate in optional training as the volunteer's schedule permits.
- C. Term of Services: This agreement, upon execution, will continue until December 31, 2022, unless either party terminates this agreement as stated under item 6.
- D. Perform the above described services on a voluntary basis without compensation or fringe benefits except as specifically provided below.
- E. Perform the above described services under and subject to the instructions, supervision and control of designated staff of the County.
- F. Adhere at all time during the performance of said services to all the rules and regulations that now have been or may hereafter be established by the County for the conduct of its employees.
- G. Have a valid driver's license if driving a personal vehicle for County business while volunteering.
- H. Forego any activity for which they do not feel sufficiently prepared or able, understanding the work for the County may include activities that are hazardous and/or physically strenuous.
- I. Adhere to program specific requirements (i.e. attire).

2. In consideration of the above described services, the County agrees to:

- A. Provide appropriate orientation, in-service training, and continuing supervision in the designated program.
- B. Provide similar workers' compensation insurance as required for employees of the County under state law for injuries, death, or loss arising out of and in the course of the designed volunteer shift while performing authorized volunteer services. Said insurance shall not cover injuries, death or loss sustained while going to or from the designated volunteer shift.

C. Provide similar malpractice (Professional Liability) insurance as provided for employees of the County. Said insurance coverage shall only extend to activities undertaken in the performance of services authorized by the County.

3. The character or frequency of the services performed by the Volunteer may be changed from time to time by mutual consent without resulting in a termination of this agreement.
4. Volunteer understands and agrees that some information discerned while working for the County may be confidential. To prevent the improper release of such information, volunteer agrees to discuss the public release of any information, including but not limited to oral, written, electronic and computer information, with his/her immediate supervisor prior to its release. Volunteer agrees not to release any information which the County deems confidential.
5. Volunteer grants the County the right to use photographic images and video or audio recordings of the Volunteer that are made by the County or others during the volunteer work for the County.
6. This agreement may be terminated by either party hereto upon notification to the other party.

I certify that I am at least eighteen (18) years of age or have had this document signed by my parent or guardian. A copy of the Youth Empowerment in Michigan Work Permit must be attached for minors under the age of 18, unless exempt from Youth Employment Standards Act 90 of 1978 through a recognized youth oriented organization that is engaged in citizenship training and character building- including but not limited to 4-H Club, National Honor Society, School or Athletic Boosters, Boy Scouts, Girl Scouts, etc.

Signature

Email

Name of Volunteer (print) Date of Birth

Phone

Signature of Parent or Legal Guardian

Name of Parent or Legal Guardian

Emergency Contact (print)

Emergency Contact Phone

Department Representative (print)

Department Representative Signature Date

Human Resources (Print)

Human Resources Signature Date