



## City of Gresham Volunteer Agreement

I, \_\_\_\_\_, agree to serve as a volunteer for the City of Gresham  
(Print Name)  
and understand that my participation in this program is at the discretion of the City. All work performed for the City is on an uncompensated, voluntary basis. I understand that I am not included in the City's worker's compensation coverage and will look to my own insurance, if needed. I agree to hold harmless the City of Gresham, its agents, employees and all other persons against loss or expense, including attorney's fees, by the reason of bodily injury, property damage or personal injury arising out of the negligent or intentional conduct of myself. I understand the nature of the volunteer assignment that I am to perform and certify that I have taken all necessary precautions to be certain that I am in proper condition to participate in such activities.

I understand that I may come in contact with personal information about persons served by City departments. I understand that such information is treated as confidential and agree not to share with others, except as directed by a supervisory employee of the City.

I grant full permission to the City for use of any photographs, videotapes or recordings of my volunteer acts for any purpose, including but not limited to recognition, public relations, training or marketing.

### Thank you for volunteering!

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

What is the best way to contact you about our volunteer program and future projects?  
 Email (address above)  Mail (address above)  Phone (number above)  Please do not contact me

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Parental Endorsement:

**THIS PARENTAL ENDORSEMENT MUST BE COMPLETED  
IF THE PARTICIPANT IS UNDER 18 YEARS OF AGE.**

I have read and understand the above VOLUNTEER AGREEMENT and agree to its provisions as they apply to my child, and also agree to be fully bound by them. I certify that my child is physically capable and medically able to participate in these activities. I further assume full responsibility for my child relating to any and all activities covered by this Volunteer Agreement.

Parent/Guardian Name: \_\_\_\_\_  
(Print Name)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_ CAO\Forms\Volunteer Agreement-Release (7/11)