

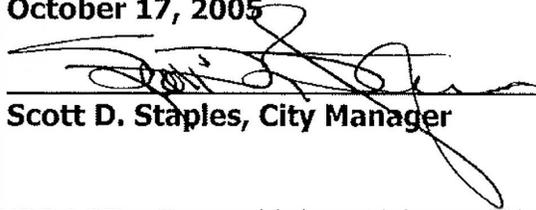
ADMINISTRATIVE POLICY 2005 - 10

SUBJECT: Volunteer Policy

DATE ISSUED: October 11, 2005

DATE EFFECTIVE: October 17, 2005

APPROVED:



Scott D. Staples, City Manager

SECTION ONE – PURPOSE. To establish guidelines and standards governing the use of volunteers within the City government.

SECTION TWO – ENFORCEMENT: It shall be the responsibility of the Department Director to make certain than all volunteers working under his or her supervision is in compliance with this policy.

Attachment (1)

Distribution: Department Directors w/att (1)
City Council w/att (1)

Original: Administration Policy file w/att (1)

City of Toppenish



City of Toppenish

Volunteer Policy

City of Toppenish Volunteer Policy

The City of Toppenish recognizes the advantages of utilizing the rich skills and talents of the community and the community's desire to enhance their way of life. Our objective is to utilize these individuals and organizations to benefit the community as a whole in such a way that projects and services which would not usually be available due to excessive costs can be provided in an appropriate manner. It is also our objective to do so without adding undue or unnecessary liability to the citizens of the City of Toppenish.

Therefore, we hereby establish the following guidelines for the use of individual and/or organizational volunteer workers.

Background Checks: As required by RCW 43.43.830–839 all persons potentially having unsupervised contact with children, developmentally disabled persons, or vulnerable adults or who will be working with confidential information will have completed a background check for history of abuse and/or sexual deviant behavior or other crimes of violence. Volunteers will also waive any right of privacy in such information for the limited purpose of the City considering it for determining the suitability of a potential volunteer. Each volunteer will be required to complete a Volunteer Application, a PM-4 Authorization for Release of Information” as well as a PM-5 Disclosure Statement. The information collected in the background check may not necessarily bar individuals from volunteering in non-police positions.

Liability Coverage: The City of Toppenish is self insured through the Washington Cities Insurance Authority (WCIA) for liability coverage. Volunteers performing within the scope of their assigned duties as authorized by the City are afforded the same coverage as City employees under the City’s liability coverage with WCIA. A volunteer’s intentional misconduct is not protected or covered by the City or WCIA. Liability insurance is not medical insurance. Volunteers must provide their own medical insurance. The WCIA liability coverage does not apply to volunteers under the age of 14 years.

Anti-harassment / Discrimination Policy: The City of Toppenish values the dignity of all employees and volunteers and is committed to providing a respectful workplace that is harassment free in which all individuals regardless of race, sex, color, religion, national origin, age, disability, and/or sexual orientation are treated with respect. The expectation is that managers, supervisors, employees, and volunteers will create and maintain a work environment that is respectful of all persons in it. Harassment in the workplace will not be tolerated.

Workplace Violence Prevention Policy: The City of Toppenish has a **ZERO TOLERANCE** policy on workplace violence. Any form of workplace violence will not be tolerated and will be acted upon **IMMEDIATELY**. Any person (City employee, volunteer, client, etc.) who engages in workplace violence and/or threatening behavior will be referred to local law enforcement and be subject to applicable laws. Furthermore, any firearm, knife, explosives, dangerous chemical, or any other object that is not necessary for a volunteer’s service is not allowed.

Drugs and Alcohol Policy: The City of Toppenish is an alcohol and drug free work place. Volunteers **WILL NOT** appear for volunteer service under the influence of any illegal drugs or alcohol. Volunteers will inform their supervisor at the beginning of the shift if taking any over-the-counter or prescription medications which may impair the ability to perform volunteer duties.

Tobacco Policy: Smoking and the chewing of tobacco is prohibited twenty-four (24) hours of the day, every day, in all enclosed work and common areas, facilities, and automobiles. Smoking is permitted in outdoor areas unless the smoke could be drawn into a workplace or common area. All volunteers who elect to smoke in outdoor areas are responsible for the proper maintenance and/or removal of all smoking debris.

Children in the Workplace: Volunteers under 14 years of age are not allowed as the City's insurer will not provide liability coverage for persons under this age. Volunteers are not to have child(ren) with them during volunteer activities that are under 14 years of age. If a volunteer brings child(ren) under 14 years of age to a volunteer activity (**which is a violation of this agreement**), the volunteer will be held solely liable, and assume all risk of liability for the child(ren)'s actions and agree to hold the City harmless from any and all such related claims against the City; except for injuries and damages caused by the sole negligence of the City.

Safety: Prior to beginning tasks, volunteers will be instructed in the safety and accident procedures of the department in which they are volunteering. Each department will provide volunteers in the proper use of equipment necessary to perform assigned tasks. Equipment checked out to volunteers must be recorded on a PM-9 Property/Equipment Receipt. Volunteers will immediately report ANY injury, accident, or damage (no matter how minor) incurred while working on the City's behalf, to their supervisor. Volunteers are NOT ALLOWED to operate City-owned vehicles. The City of Toppenish shall provide personal protective equipment as required for the scope of work and identified by the Washington Industrial Safety and Health Act. All volunteers requiring personal protective equipment shall be provided adequate training in its proper use and care.

Computer Networks, Telecommunication Systems, and Internet Use: The use of City computers and/or telephones will be determined by the various departments. Volunteer positions requiring the use of City computers and/or telephones as part of their volunteer duties may require a volunteer to review the "Computer Networks, Telecommunication Systems, and Internet Use" policy and complete a PM-9S form.

Dress Code: Employees will dress and groom themselves in a manner that will provide a positive example to youth, promotes client and community confidence and respect, and enhances the City' reputation as a professional organization. Supervisors reserve the right to ask employees to wear different attire, if an employee's attire is deemed to be inappropriate. Dress code standards may vary from department to department.

General Guidelines:

1. Clothing must be clean, in good repair, appropriately fitted, and appropriate for by departmental standards.
2. Tops must have sleeves and will not reveal midriff and/or backs.
3. Appropriate underclothing is necessary and underclothing should not show through outer clothing.
4. Tops that advertise alcohol or tobacco products are not appropriate.
5. Minimum length of dresses, skirts, and/or shorts will be approximately 2 inches above the knee.

Time Reporting: Every volunteer will be issued a time sheet on which they are required to record hours worked. Completed time sheets must be reviewed for accuracy and then signed by the volunteer's supervisor. Accurately completed time cards will then be turned into the Volunteer Coordinator the 16th and last business day of each month.

Documentation of Training: Detailed training records identifying specific training provided, instructor, any testing results, and attendance sheets will be kept and maintained for a minimum of three years. These records will be provided to Finance Department upon completion of training.

Holidays: The following holidays are recognized as municipal holidays:
Martin Luther King Day, Presidents' Day, Memorial Day, Independence Day, Labor Day, Veterans' Day, Thanksgiving Day, Day After Thanksgiving Day, Christmas Eve Day, Christmas Day, New Year's Day.

Waiver and Hold Harmless: In order to volunteer with the City, all volunteers must complete a Volunteer Application, an Agreement for Individual Volunteer Services and a Volunteer Orientation and Policy Signoff prior to engaging in any volunteer activities.

Volunteer Orientation and Policy Signoff

Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone Number(s) (_____) _____

Date of orientation _____

I have received and reviewed the City of Toppenish's Volunteer Policy. I agree to abide by the procedures and protocols outlined in the policy.

Signed _____ Date _____

AGREEMENT FOR INDIVIDUAL VOLUNTEER SERVICES

This Agreement is made, by and between the City of Toppenish, a political subdivision of the State of Washington, hereinafter referred to as the "City" and _____, hereinafter referred to as the "Volunteer."
(print name)

PURPOSE: The purpose of this Agreement is to outline the responsibilities of the City in providing volunteer opportunities, and to create an understanding between the City and the Volunteer.

This Agreement shall apply to persons voluntarily performing non-compensated services for the City, including but not limited to, practical work experience, recreational programs, senior programs, police resource centers, and academic internships.

AGREEMENT FOR NON-COMPENSATED SERVICES: The Volunteer agrees to abide by all relevant City policies and procedures and to perform the volunteer services in a safe, responsible manner in accordance with the descriptions of service.

It is further understood that this Agreement shall not in any way constitute nor create an employer/employee relationship between the City and the Volunteer. The City shall not be responsible for, nor liable for, nor shall the applicant be eligible to receive, any compensation or benefits as a result of this Agreement EXCEPT for State Labor and Industries Industrial Insurance medical aid coverage. Volunteer service is considered to be creditable work experience.

In consideration of the City giving me permission to perform these volunteer services, I understand that: *(Please initial the following)*

_____ I am not to appear for volunteer service under the influence of any illegal drugs or alcohol. The Volunteer agrees to inform the supervisor at the beginning of the shift if taking any over-the-counter or prescription medications which may impair the ability to perform volunteer duties.

_____ I am not to have child(ren) with me, during my volunteer activities, that are under 14 years of age. If I do bring with me any child(ren) under 14 years of age (**which is a violation of this agreement**), I understand I will be held solely liable, and assume all risk of liability, for my child(ren)'s actions and agree to hold the City harmless from any and all such related claims against the City; except for injuries and damages caused by the sole negligence of the City.

_____ I will abide by all City policies regarding personal conduct while performing volunteer services.

_____ I agree not to go beyond the scope of volunteer work agreed to without authorization.

_____ I am to be trained on any activity that I am unfamiliar with, learn the corresponding policies, and it is my responsibility to understand them completely or ask questions until I feel confident to perform them.

_____ Depending on the scope of volunteer work, the following policies may apply: Driving, Safety Procedures, Computer Operation, Dress Code, Anti Harassment and Confidentiality.

_____ Should an injury occur during the scope of my service the City has included my hours of volunteer service in the State Labor and Industries coverage for volunteer workers.

_____ I understand that I am to report any on-the-job injury or illness, no matter how minor, to _____.

BACKGROUND CHECKS: To the best of my knowledge, the information herein is true and complete. I consent to the City of Toppenish to conduct a Washington State Patrol criminal background check in accordance with RCW 43.43.830-839 and waive any right of privacy I may have in such information for the limited purpose of the City considering it for determining my suitability as a volunteer. Further I give permission for an authorized representative of the City to inquire of individuals about my ability to perform all aspects of the volunteer position for which I am being considered and I release the City of Toppenish and those individuals/institutions that provide information from any liability that may arise from the provision of this information. (The information collected in the background check may not necessarily bar individuals from volunteering in non-police positions.)

LIABILITY COVERAGE: I understand that the City of Toppenish is self insured through the Washington Cities Insurance Authority (WCIA) for liability coverage. Volunteers performing within the scope of their assigned duties as authorized by the City are afforded the same coverage as City employees under the City's liability coverage with WCIA. Injury Compensation is provided through the Department of Labor & Industries. I am fully aware that a volunteer's intentional misconduct is not protected or covered by the City, WCIA, of the Department of Labor & Industries.

WAIVER & HOLD HARMLESS: As a volunteer for the City of Toppenish, I agree to follow all of the rules outlined in the City's volunteer policy. I will use all provided equipment appropriately and follow all safety practices. I am fully aware that the work associated with being a City volunteer involves certain risks of physical injury and death. I also hereby individually and on behalf of my heirs, executors and assignees, assume all risks in connection with my participation in this program.

I Further release and hold harmless the City of Toppenish, its officials, employees, volunteers, and agents for any injury or damages which may occur to me while I am participation in this program, and I waive any right to bring claim or lawsuit against them for any such damage, personal injury, death or other consequences occurring to me arising out of my volunteer activities. Furthermore, I agree to old harmless, defend and indemnify the City of Toppenish, its officials, employees and agents from any and all claims and lawsuits for injury, loss or damage to other persons or entities which may arise in the future as a result of or in connection with my participation in the volunteer program except for injuries or damages caused by the sole negligence of the City. I authorize any necessary emergency medical treatment that might be required for me in the event of physical injury and/or accident to me while participation in this program.

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

Dated this _____ day of _____, 20 ____.

By: _____
City of Toppenish

Volunteer's Printed Name

Volunteer's Signature

If the volunteer candidate is under 18 years of age, parent or legal guardian must read and sign the below:

I certify that I am the parent or legal guardian of the participant above named; that I have read and understood the foregoing release and waiver; and that in consideration of allowing the participant to participate in the City's volunteer program, I join in the release and waiver without reservation and agree to release and waive any claim or legal cause of action that I might have arising out of any personal injury, damage, or death of the participant against the City of Toppenish, its officials, employees, and agents. I further grant my full consent and authorization for the above named participant to engage in the activity described above. Furthermore, I authorize all reasonable medical treatment that may be necessitated in the event of injury or accident occurring to the participant named while working in the volunteer program.

Parent or Legal Guardian's Printed Name

Parent or Legal Guardian's Signature

Relationship to Volunteer

Date

City of Toppenish

Volunteer Application

West First Avenue
Toppenish, WA 98948
Phone: (509) 865-2080
Fax: (509) 865-1944

The City of Toppenish operates a volunteer program that provides services organization-wide. The purpose of the program is to enable the City to take advantage of the extraordinary reserve of knowledge, talent, and skill possessed by volunteers within our community and to capitalize on these abilities to augment City services. The intent is also to provide a program which involves interested residents in local government while providing them the opportunity to perform work of value to the community.

The volunteer application is designed to give applicants an opportunity to share their background, experience, interests and skills, enabling the City of Toppenish to make the best possible volunteer placement.

NAME:

(Last) _____ (First) _____ (Middle) _____

ADDRESS:

P.O. Box or Street: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Message: _____ Work: _____ Email: _____

Do you have, or can you obtain, a valid Washington State Driver's License? Yes No

WA State Driver's License or ID Card # _____ State Issued: _____ Exp. Date: _____

Availability: Long-term Short-term Special Project

Circle the Days You Can Be Available for Volunteer Work:

Sunday / Monday / Tuesday / Wednesday / Thursday / Friday / Saturday

Are you currently certified in:

CPR? Yes No

First Aid? Yes No

For which area would you be interested in volunteering? Please check all that apply.

Parks Projects _____ Special Events _____ Youth Programs _____ Recreational Activities _____
Public Works _____ Fire Department _____ Police Department _____ City Hall Support _____
MidValley Television _____ Other (please specify) _____

What general skills/experience/education would you like to share in your volunteer work?

Criminal Convictions

Have you been convicted of a felony or released from prison within the last ten (10) years, or have been convicted of a misdemeanor other than minor traffic offenses within the past three (3) years? YES NO

If Yes, please explain: _____

References (Do Not List Relatives)

Name: _____ Address: _____ Phone: (____) _____

Name: _____ Address: _____ Phone: (____) _____

Name: _____ Address: _____ Phone: (____) _____

Do you have any medical conditions, either physical or emotional, that should be taken into consideration in arranging volunteer assignments? YES NO If yes, please explain: _____

In case of emergency, please contact:

Name: _____ Phone: (____) _____

Name: _____ Phone: (____) _____