

**SAUK COUNTY VOLUNTEER AGREEMENT**

|  |  |
| --- | --- |
| Volunteer Name | Position Title |
| Address | City/Village/Town | State | ZIP+4 |
| Daytime Phone No. | Cell Phone No.  | Email Address |
| Emergency Contact | Emergency Contact Daytime Phone Number |
| Dates of Agreement (mm/dd/ccyy) | Scheduled Hours | Schedule (e.g. every Friday, Wednesday through Saturday, etc.) |
| **Volunteer Location** |
| Name of County Department | Site and/or Program | Activity |
| Address | City/Village/Town | Zip |
| Volunteer Supervisor Name | Title | Phone |

This agreement for volunteer services is entered into by and between the volunteer and Sauk County. The volunteer and Sauk County mutually agree to the following responsibilities:

Volunteer

1. Will be under the supervision, direction and control of the supervisor named above.

2. Shall be available for the scheduled service times listed above and be on time for work.

3. Notify the supervisor if the volunteer cannot perform the scheduled service times.

4. Understands that s/he is a volunteer and NOT an employee of Sauk County, or any county department, division or commission, shall not be considered an employee for any reason, and is not eligible for any benefits including Workers Compensation, Wisconsin Retirement, health insurance or any other benefit. The volunteer should have their own health insurance and will be responsible for any injuries incurred while volunteering for Sauk County.

5. Understands and agrees that all work rules shall be followed and agrees to comply with all Sauk County policies and procedures.

6. Present a courteous and professional demeanor to members of the public and county employees.

7. Understands that Sauk County will provide no compensation.

8. The volunteer may not operate any Sauk County vehicle unless a position description for the volunteer services expressly provides that the volunteer opportunity includes the operation of a Sauk County vehicle, the volunteer has received training provided or approved by the Emergency Management, Buildings & Safety Department, and the volunteer has read and understands all county policies and procedures for operation of county vehicles.

9. If the volunteer drives a private motor vehicle as part of the volunteer duties, the volunteer must possess a valid driver’s license, have appropriate motor vehicle insurance and understand that Sauk County is not responsible for any damage to the vehicle or other persons.

10. The volunteer (or parent/legal guardian) authorizes without prior approval for Sauk County to seek emergency medical treatment in case of accident, injury or illness and to hold Sauk County harmless in such an event.

11. Any reports, studies, tests, manuals, instructions, photographs, negatives, blue prints, plans, maps, data system designs, computer code, or any other documents or drawings prepared by the volunteer as part of the volunteer duties shall be the exclusive property of Sauk County and all such materials shall be remitted to Sauk County upon the completion, termination or cancellation of volunteer services. The volunteer agrees not to use any such materials for any purpose other than the performance of volunteer service under this agreement.

12. The volunteer shall keep all information confidential, in whatever form, produced, prepared, observed or received to the extent that such information is confidential by law.

13. The volunteer shall not provide any member of the public any preferential treatment that is not available to any other member of the public.

Sauk County

1. Will provide the volunteer with a description describing the volunteer duties to be performed.

2. Will provide training to perform the agreed upon duties.

3. Will educate volunteers on safety awareness in the volunteer area.

4. Will provide necessary volunteer equipment and safety related items.

**BY SIGNING BELOW, THE VOLUNTEER (PARENT OR LEGAL GUARDIAN) AGREES TO THE TERMS AND CONDITIONS HEREIN, INCLUDING THE FOLLOWING:**

In consideration of being provided the opportunity to volunteer in service to my community and for reasons known to me that are good and sufficient, I, for myself, my heirs, successors or assigns, hereby indemnify, release and hold harmless Sauk County, its boards, committees, commissions, agents, servants and employees from any and all claims, demands, causes of action or damages which may happen during my volunteering for Sauk County. I therefore assume any and all risks attendant to volunteering for Sauk County.

**Either the volunteer or Sauk County may cancel this agreement at any time.**

|  |  |
| --- | --- |
| Volunteer’s Signature | Date (mm/dd/ccyy) |
| Signature of Volunteer’s Parent or Guardian if under 18 | Date (mm/dd/ccyy) |
| Authorized Sauk County Representative Signature | Date (mm/dd/ccyy) |
| Printed Name and Title of Sauk County Representative |