



VOLUNTEER SERVICE AGREEMENT

This agreement must be completed and approved before accepting the services of any volunteer. Volunteer services are authorized under the Volunteer Services Act of 1977, effective June 28, 1977 (D.C. Law 2-12; D.C. Official Code § 1-319.01 *et seq.*) (2012 Repl.) (the "Act"), and regulations contained in Part I of Chapter 35 of the District Personnel Manual (the "DPM Rules"). The volunteer shall be subject to a criminal background check if the position being sought is considered "safety-sensitive," (D.C. Official Code § 4-1501.01 *et seq.*) (2012 Supp.)).

Under this agreement, _____ will provide snow removal for local senior citizens and disabled residents. Snow removal will only take place in the front passageways of resident's homes: front steps, doorways, and front side walk areas (hereafter "Services").

Duty Location: _____

Work Schedule: _____

Supervisor: Kristal Knight or Designee **Title:** Executive Director/Chief Service Officer

Desk Phone: (202) 727-7200 **Mobile Phone:** (202) 549-5747

DECLARATION OF VOLUNTEER

I _____, hereby acknowledge and agree as follows:

1. I acknowledge the nature and scope of the Services described above.
2. I have been informed of and understand all of the provisions of the Act, the District Personnel Manual Rules, and the guidelines of ServeDC for the use of volunteers.
3. I agree to perform the Services under the terms and conditions set forth in the Act, the District Personnel Manual Rules, and the guidelines of ServeDC for the use of volunteers. Without limiting the applicability of those terms and conditions, I further agree and acknowledge as follows:
 - A. I understand that I will not be compensated for my services and that I am not entitled to monetary or non-monetary benefits in connection with my volunteer work. B. I will accept instructions for Services from the supervisor named above. I understand that my work assignments are limited to the duties described in this agreement, unless otherwise authorized by my supervisor in writing. I will keep my supervisor informed of the status of my progress on assignments. With advanced notice whenever reasonably possible, I will further notify him/her if I am unable to report as scheduled or if I decide to withdraw from volunteer service and terminate this agreement.

Volunteer service approved by: _____

Department or Agency: _____ Date: _____

Criminal Background Check Required: Yes ____ No ____ Traffic Record Check Required: Yes ____ No ____



C. I will comply with, and be subject to, the standards of conduct set forth in Chapter 18 of the District Personnel Manual.

D. I am mentally and physically capable of performing the services described above without unreasonable danger of harm or injury to myself or any other person.

4. The Services contemplated may include risks that may cause or lead to injuries to volunteers. I understand that the District government, or its employees or other volunteers, cannot assure safety or eliminate these risks. I am voluntarily participating with knowledge of the risk, and not as an employee of the District government or their sponsors. I will however, be considered an employee in the event of a job-related illness or injury to the extent permitted by D.C. Official Code § 1-623.02 (2012 Repl.),

5 As a volunteer member of the District government workforce, I will not engage in any form of political activity during the hours I render service for the District government, and I will not use District government resources to engage in any form of political activity.

6. I agree to release and not sue the District of Columbia in regard to all claims, liabilities, suits, or expenses (hereafter collectively claim or claims), including claims caused or alleged to be caused by negligence of the District of Columbia, for any injury, damage, or loss to me in any way connected with my participation in providing these Services, or use of the District of Columbia equipment or facilities. I understand that I agree to waive all claims I may have against the District of Columbia that directly or indirectly arise out of my volunteer services, and agree that neither I, nor anyone acting on my behalf, will make claim or file lawsuit against the District of Columbia.

I understand that this agreement may be terminated at any time by the District government.

Signature of Volunteer _____ Date: _____

Address: _____ Telephone: _____

Email: _____

In case of emergency notify: _____ Telephone: _____

Volunteer service approved by: _____

Department or Agency: _____ Date: _____

Criminal Background Check Required: Yes ____ No ____ Traffic Record Check Required: Yes ____ No ____