



Coconino County

Volunteer Service Agreement

As a volunteer for Coconino County, I agree to follow policies and procedures as required by the County and agree to fulfill the volunteer responsibilities to the best of my ability. I will report to my supervisor any incident of injury to myself or others, or which causes damage to County property or property of others.

I understand that I will receive no monetary benefits in return for the volunteer service I provided and that the County may terminate this agreement at any time without prior notice.

My signature confirms that I have read a copy of the volunteer assignment description form and I ascertain that I am physically able to complete the tasks listed.

My signature confirms that I have read a copy of the volunteer assignment description form and I request that following accommodation(s) to complete these tasks: _____

Volunteer's Signature: _____ **Date:** _____

As the Parent/guardian of _____, I grant my permission for him/her to participate as an unpaid volunteer for Coconino County. I further acknowledge that I have completed the Authorization for Treatment Form on his/her behalf.

Parent/Guardian _____ **Date:** _____
Print Name Signature

Name: _____ **Date of Birth:** _____

Address: _____

Phone: _____

Email: _____

If individual is using personal vehicle, minimum insurance limits for bodily injury/property damage must be maintained. Obtain a copy of drivers Licenses and Proof of Insurance and send to Risk Management. If volunteer is using a count vehicle also attach a copy of 5 year MRV report.

Emergency Contact: _____ **Phone number:** _____

Department/Division: _____ Supervisor: _____

Start Date: _____ Hours Per Week: _____

Nature of Duties: _____

Check Category which applies:

- _____ Volunteer
- _____ Unpaid Intern – attach completed internship contract
- _____ Reserve
- _____ Sherriff's Search and Rescue
- other _____