



Volunteer Agreement and Roster

DATE: _____ **LOCATION:** _____

PROJECT/activity description:

I have read and agree to volunteer for the above Project. I understand that the activities involved with the project may contain an element of hazard or risk. I recognize the inherent danger involved and take full responsibility for my actions and physical condition. I agree to indemnify and hold Kitsap County and any cooperating agencies involved in the activities and any of their agents, officials or employees free and harmless from any liability, loss, cost or expense including attorney fees which may result from participation in these volunteer activities. I authorize that all necessary first aid steps may be taken as prescribed by qualified personnel. I grant full permission to use any photographs, videotapes, recording or any other record of this program for publicity purposes. I have read and agree to follow all the Covid-19 volunteer guidelines as outlined by the Kitsap County Parks Department. By signing below, I agree that I understand and consent to this statement.

Insurance Acknowledgement: I acknowledge that Kitsap County provides limited, secondary medical insurance to serve as a supplement to the volunteer's primary medical insurance and will serve as primary coverage only in the event that the volunteer has no medical insurance coverage.

Print Name	Email Address	Emergency Contact Phone #	Signature (Parent signature if under 18)	Hours		COVID-19 Pre-Screening*
				From	To	

**Check box if answer is "no" to all three required COVID-19 pre-screening questions*

Safety Orientation Presented by: _____
Staff Name or Lead Volunteer