

Volunteer Service Agreement & Release (Volunteer Code of Ethics)

Personal Contact Information

Name:						
Mailing Address:	City:	State:	Zip:			
Phone (day):	_ Phone (evening):	Email:				
(Please check): Yes, I wo	uld like to receive e-mails fo	r volunteer opportunities with t	he City of Hercules.			
Emergency Contact/Relationship/Phone:						
Medical Background- Please note any physical or medical conditions that should be considered in your assignment.						
l,comply with the City's volunteer Cod		r my services to the CITY OF HERCU	ILES ("City") and to			
I acknowledge that there is no salary a volunteer. Rewards or prizes for vo responsible for the payment of any s	lunteer service to the City may					

I understand that during the course and scope of my (or my child's) volunteer services to the City, I (or my child) will not be covered under the City's Workers' Compensation self-insurance. I also understand and agree that my sole remedy for any injury that I (or my child) may sustain during the course and scope of my (or my child's) volunteer services to Workers' Compensation self-insurance coverage. I waive any other right or remedy that I (or my child) may have against the City of Hercules, its employees, officer, and agents (collectively referred to as "City") available to me for an injury as described above (including an injury arising out of the City's negligence). Further, I release the City from all other liability arising from my (or my child's volunteer service or activities as provided hereunder.

I understand that the City of Hercules may photograph or videotape the volunteer events or activity in which I am (or my child is) participating. I give my permission for the City to use photographs or videotape of me (or my child) for the purpose of promoting the City of Hercules and its services/programs. I give my permission with the following understanding: **No compensation of any kind will be paid to me (or my child) at this time or in the future for the use of my (or my child's) likeness.**

I also acknowledge and agree that my (or my child's) services are provided for the convenience of the City and may be terminated for any reason or for no reason and at any time by the City without prior notice or hearing. I, the undersigned, certify that the information stated on this agreement and release is true, complete and correct to the best of my knowledge and belief and is made in good faith. Any false statements made by me may be used as a basis of rejection for this application or termination of volunteer services.

City of Hercules Code of Ethics Agreement

Volunteers are an important asset of the City's workforce and make it possible for the City to deliver services to Hercules residents. As a volunteer, you represent the City of Hercules. As such, it is important that you adhere to the City's Volunteer Code of Ethics.

l,		as a volunteer with the City of Hercules agree to:
	•	Conduct myself in a professional manner; maintaining high standards of integrity and honesty.
	•	Treat all members of the public, employees, and other volunteers with respect and courtesy.
	•	Avoid any activity that could be seen as a conflict of interest, such as accepting gifts or favors from individuals or businesses that could be seen to be an attempt to influence a City decision.
	•	Respect confidential information that is available to me as a result of my volunteer work with the City, and refrain from using it for personal gain or for personal, non-City business related reasons. Bring any violation of this confidentiality to my group leader.
	•	Promptly raise questions and concerns regarding possible violations of City policy or local, State or Federal law with my immediate group member or leader.
	•	Reinforce the City of Hercules commitment to equal employment opportunity and a work environment free of discrimination and harassment, including sexual harassment.
		and that that I may be released from my volunteer position with the City of Hercules for not adhering to the above Ethics.

Parent/Guardian if under 18 years old

Date

Position/Department

Volunteer Signature

Date

Department