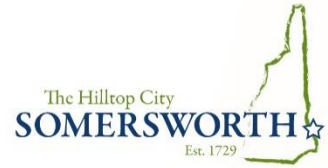


# City of Somersworth

## Volunteer Service Statement and Agreement



### Volunteer Information

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

### Volunteer Agreement

I make this Statement and Agreement in order to provide, and be authorized to perform, the following uncompensated services to the City of Somersworth:

Volunteer for Somersworth Recreation Division under the direction of: Somersworth Recreation Supervisor

**Program Name:** \_\_\_\_\_

**Program Dates & times:** \_\_\_\_\_

In performing the specified volunteer service, I acknowledge:

- That I am 18 years of age or older and know of no reason, medical or otherwise, which would prevent me from performing the tasks required;
- That I have acquainted myself with what is required to perform those tasks, and represent that I have the skill and ability to perform them;
- That I assume full responsibility for my own safety and the safety of others who might be affected by my actions or omissions. I hereby agree to release, defend, indemnify and hold harmless the City of Somersworth, its agents, employees, and officers, from any and all claims of illness, bodily injury, personal injury, or property damage, occurring to me or to others, arising from my negligent, reckless, wanton or intentional conduct while participating in this activity.
- That I will perform the volunteer service in compliance with the standards and specifications established, or approved, by the City of Somersworth, and will honor the direction of the City of Somersworth officials to suspend or terminate service;
- That I agree to the foregoing in consideration for being permitted to perform volunteer service for and on behalf of the City of Somersworth.

**Volunteer Signature:** \_\_\_\_\_

**Date Signed:** \_\_\_\_\_