Milwaukee County
Volunteer Agreement

VOLUNTEER INFORMATION

Volunteer First Name		Last Name	
Address		City	State / ZIP
Phone No.	Date of Birth (mm/dd/yyyy)	Email Address	
Emergency Contact		Emergency Contact Phone Number	
Is Volunteer a Student Intern? If so, provide Educational Institution: ____ Yes ___No		Institution Contact Name, Phone/email:	

Dates of Agreement (mm/dd/yyyy)				Scheduled Hours	Schedule (e.g., every Friday, Wednesday through Saturday, varies, etc.)
From		To			

VOLUNTEER LOCATION

Name of County Department /Division	Site/Program/Activity	
Volunteer Coordinator Name	Title	Phone Number

The Volunteer and Milwaukee County (the "County") mutually agree to the following responsibilities:

Volunteer

1. Will be under the supervision, direction, and control of the Volunteer Coordinator named above.
2. Shall be available for scheduled service time(s) listed above.
3. Understands that s/he is a volunteer and NOT an employee of the County and is not eligible for any compensation or benefits, including Workers' Compensation.
4. Understands all duties expected to be performed that appear in the Scope section of this agreement.
5. Understands that the County and the Department / Division named above will provide no compensation.

Department / Division Named Above

1. Will provide the Volunteer with a scope describing duties to be performed.
2. Will provide training required to perform the agreed upon duties.
3. Will educate Volunteer on safety awareness in the workplace.
4. Will provide necessary safety and equipment related items.
5. If Volunteer is a Student Intern, will work with educational institution as needed to verify work, credit, etc.
6. Will review and update this Volunteer Agreement on at least an annual basis.

PENDING

Scope of Volunteer Activities
(Enter here or attach separate scope document)

I understand that I am assuming all risk for any and all claims arising from my volunteer service participation with Milwaukee County and that on behalf of myself and my heirs, I do hereby RELEASE the County and its assigns, successors, employees, volunteers, participants, and any other person(s) or entity involved in the operation, organization, sponsorship, supervision, training or participation in the volunteer activities from any and all liability, losses, claims, demands, suits, damages and/or causes of action for personal injuries and/or property damage I may have, suffer or sustain while I am participating as a volunteer whether arising from my own acts, actions, activities, and /or omission or those of others, including injuries arising from the condition of the facility and/or the condition of the equipment. I understand and acknowledge I had the opportunity to negotiate these terms and that this release will apply even in circumstances where a County indemnitee may be released and absolved from the consequences of its own negligence. I hereby agree to hold the County, its employees and agents, harmless from all claims which may be brought against it by me or on my behalf any such injuries, damages or claims aforesaid.

Either the Volunteer or the County / Department / Division named above may cancel this agreement at any time. The provisions in this Agreement confer no new privilege, right of appeal, right of position, transfer, demotion, promotion, recall, reinstatement nor any other employment right or benefit for any individual. This Agreement does not constitute an express or implied contract of employment, future employment or continued volunteer opportunity.

PENDING

Volunteer's Signature Date (mm/dd/yyyy)

County Volunteer Coordinator's Signature Date (mm/dd/yyyy)