CITY OF PASADENA
ADULT VOLUNTEER CONTRACT
AGE 18 AND OLDER

The City will make every attempt to assign volunteers to tasks which make use of their talents, skills, training and experience. The City reserves the right to assign or change placements based on the service emphases of the City in meeting its goals and objectives. The City reserves the right to refuse volunteer assistance from anyone at any time and also reserves the right to terminate a volunteer for breach of contract.

The City is better able to utilize volunteers' skills when a stable relationship is created between the volunteer and the assigned department for training, scheduling and task assignment. As a volunteer, I understand that I will have a schedule for volunteering and will discuss changes with my supervisor when needed.

I will not disclose, circulate, or validate information concerning City government or other employees/officials which is false, confidential, protected by right of privacy or common courtesy, or incompatible with the work environment. I will not disclose, circulate, or validate any information about City employees, contractors or customers.

I understand that as a volunteer I am not an employee, and I am not eligible for Worker's Compensation. Volunteers usually cannot sue the organization for which voluntary acts are performed. I understand that my own accident/health and/or personal liability insurance covers me for liability or injury incurred during performance of volunteer duties. I understand that the City provides volunteer insurance for medical treatment resulting from injury during volunteer activities, but the insurance does not apply until any other coverage available to me has been used.

I expect to volunteer _____ hours per _____.

Court–ordered volunteers only: I will fulfill a minimum of _____hours of volunteer service. The City will verify my hours for the court.

Volunteer Name (please print)_____

Volunteer Signature_____ Date_____

Assigned Department (please print)_____

Supervisor Name (please print)_____

Signature of Supervisor _____ Date_____