

VOLUNTEER SERVICE AGEEMENT
TOWN OF ISLE LA MOTTE, VERMONT

Volunteer (Name/Role): _____

Municipal contact in charge of volunteer (Name/Town Role): _____

Scope and duration of volunteer work or services (to be specified by Town):

Volunteer Acknowledgement

I, _____, affirm my desire to provide uncompensated volunteer services to the Town of Isle la Motte, VT, as such services are described above.

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 that are required by the above scope of work;
- I have acquainted myself with what is required to perform those tasks, and I represent that I have the skill and ability to perform them;
- I assume full responsibility for my own safety and agree to hold the above-named Town harmless for any injury to me or damage to my property, except where such injury or damage results from the negligence of the Town or its employees;
- I am a volunteer worker and therefore am not covered by the town’s workers’ compensation policy;
- I will perform the volunteer service in compliance with the standards and specifications established by the Town and further agree to use any personal protective equipment (if any is required) in accordance with guidance from the Town; and
- I agree that if I will be working with children, the elderly, or other vulnerable populations, I consent to the municipality performing a background check on me.

Volunteer: _____

Date: _____

Address: _____

Phone: _____

Email: _____

Attest: _____

Date: _____

(Town representative)