

VOLUNTEER APPLICATION AGREEMENT

In signing this application, I understand and agree:

- To attend all required training and to abide by the King County Archives Volunteer Program policies and procedures (provided at orientation);
- To follow instructions and direction from King County Archives staff;
- That I can be terminated from the volunteer program at any time;
- To a commitment of the minimum hours required for the volunteer activity I select;
- To undergo a background check with the King County Sheriff's Office;
- To show a copy of my Washington State Driver's license or identification to verify age, if requested; and,
- **That if I am under 18, I must have a parent or guardian's approval (below).**

_____	Date _____
Signature of volunteer if 18 years or older	
_____	Date _____
Signature of parent or guardian if volunteer is under 18 years old (volunteers MUST be at least 16 years of age)	

INFORMED CONSENT, RELEASE AND AGREEMENT TO HOLD HARMLESS

King County, charter county government under the constitution of the State of Washington, hereinafter referred to as "the County," maintains an Archives through the authority of the County Executive. In the regular course of providing Archives services in King County, the Archives utilizes volunteers in lifting and moving boxes up to 40 pounds using approved equipment and proper lifting techniques, according to safety guidelines.

I, (Print Name) _____ wish to be a volunteer with the King County Archives. I recognize that I will be exposed to the routine risks of working a records warehouse environment, which could include bodily injury, including death. For and in consideration of permission to be a volunteer, I agree to release, forever discharge, and hold harmless the County, its officers, officials, employees and agents from any liability or claim of liability which might arise out of my volunteer activities.

_____	Date _____
Signature of Volunteer if 18 years or older	
_____	Date _____
Signature of parent or guardian if volunteer is younger than 18 years old (volunteers MUST be at least 16 years of age)	

EMERGENCY MEDICAL TREATMENT AUTHORIZATION

As Volunteer or the Parent/Legal Guardian of the Minor Volunteer, I, (Print Name) _____ authorize qualified emergency medical personnel, including a physician and staff, to examine myself (volunteer), or the above-named minor child in the event of injury, and to administer any emergency care or treatment deemed necessary. In the case of a minor child, a reasonable effort will be made to contact the Parent/Legal Guardian prior to any treatment. I agree to be responsible for all necessary charges incurred as a result of any care or treatment rendered pursuant to this authorization.

_____	Date _____
Signature of Volunteer if 18 years or older	
_____	Date _____
Signature of parent or guardian if volunteer is younger than 18 years old (volunteers MUST be at least 16 years of age)	

PARENT/LEGAL GUARDIAN PERMISSION & ASSUMPTION OF LIABILITY - REQUIRED IF VOLUNTEER IS A MINOR (UNDER 18 YEARS OLD)

As Parent/Legal Guardian I, (Print Name) _____ hereby grant my permission for the above-named minor child ("Minor Volunteer") to participate in the above-referenced activity. I acknowledge, agree and understand that said participation involves risks and inherent dangers that may cause injury and/or death. On behalf of myself and the Minor Volunteer above, I agree to assume the liability and obligations referenced above and to release and forever discharge the County, its officers, officials, employees and agents from any liability or claim of liability arising out of the Minor Volunteer's activities.

_____	Date _____
Signature of Volunteer if 18 years or older	
_____	Date _____
Signature of parent or guardian if volunteer is younger than 18 years old (volunteers MUST be at least 16 years of age)	