



Christine Eggers  
City Clerk  
P.O. Box 1307  
Issaquah, WA 98027-1307  
425-837-3000

**APPLICATION FOR MEMBERSHIP:**

\_\_\_\_\_  
CITY BOARD OR COMMISSION  
 Regular Member     Alternate     Either

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

CITY/ZIP: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

CITY RESIDENT? \_\_\_\_ YES \_\_\_\_ NO    HOW LONG? \_\_\_\_\_    CITY EMPLOYEE? \_\_\_\_ YES \_\_\_\_ NO

**COMPLETE ONLY IF APPLYING FOR CIVIL SERVICE COMMISSION:**

POLITICAL PARTY AFFILIATION \_\_\_\_\_

REGISTERED VOTER? \_\_\_\_ YES \_\_\_\_ NO

NAME/ADDRESS OF EMPLOYER: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

EDUCATIONAL BACKGROUND (including year graduated and Degrees): \_\_\_\_\_

PROFESSIONAL EXPERIENCE: \_\_\_\_\_

ORGANIZED AFFILIATIONS: \_\_\_\_\_

WHY ARE YOU SEEKING APPOINTMENT? \_\_\_\_\_

GENERAL REMARKS: \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

# BOARD & COMMISSION ADULT VOLUNTEER SERVICE AGREEMENT

I, \_\_\_\_\_, hereby volunteer my services to perform the functions authorized by the City of Issaquah ("City") when serving on a City board/commission. I understand I will not be compensated for my work, and I perform my volunteer activities in a responsible manner. I hereby identify that I am capable of performing the required activities.

My ongoing board/commission services will commence on \_\_\_\_\_ for the \_\_\_\_\_ board or commission. If I decide to discontinue volunteer service, I will notify the board/commission liaison.

I understand and agree that:

- I am not to appear for volunteer service under the influence of any drugs or alcohol;
- I may be entitled to receive full coverage for medical treatment required, if the injury was incurred during qualified volunteer participation, under the medical aid provisions of the Worker's Compensation Act, which is administered by the Department of Labor and Industries, but not for loss of time because of injury or illness, or for lasting disability or death. It will be my responsibility to notify the treating medical facility that this is a volunteer "on-the-job" injury to receive such coverage. I am aware the incident is subject to routine investigation for verification purposes and is not a guarantee of coverage if it is determined not to be a volunteer associated injury. I must also report any "on-the-job" injury or illness, no matter how minor, to the board/commission liaison and City's risk management office through an incident report;
- I give permission for photos/videos taken of myself during volunteer activities to be used for publicity purposes, without recompense;
- I authorize the City to provide any personal contact information as submitted on my original application for appointment to City of Issaquah Boards & Commissions. It is understood that this information will be considered a public record.
- I understand that I am **not** to have child(ren) with me, during my board/commission meeting activities.
- I understand I am to be trained on any activity that I am unfamiliar with, learn the corresponding policies, and it is my responsibility to understand **them completely or ask questions until I feel confident to perform them;**
- The City may terminate this agreement in accordance with the Issaquah Municipal Code requirements for the board/commission. I may also terminate this agreement at any time without prior notice;
- I am fully aware of risks inherent in the activities that I may volunteer for on behalf of the City and I hereby assume all risk of personal liability. I also waive any right of recovery for myself, my heirs, executor, or personal representatives, from, or to bring suit against, the City and their responsive officers, officials, employees and volunteers, holding them harmless from any and all claims for any personal injury, loss, death, damage, or other consequences to myself arising out of my voluntary participation in an activity, except for injuries and damages caused by the sole negligence of the City.
- While performing sanctioned volunteer duties, I am aware that the City's liability insurance coverage should cover me in the event of being named individually in a lawsuit against me, and/or the City, in the same manner and coverage as it would afford its employees performing their normal duties (such as an unhappy third party who disagrees with a board/commission decision and enters a damage claim against the City because of the decision). Acts that are illegal, immoral, intentionally damaging or otherwise outside my authorized volunteer scope would not be covered (the same as applies to City employees). I may request a copy of the insurance coverage document.

This agreement will be in effect for the duration of my volunteer service beginning on the date listed above, unless amended in writing.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2007.

Signature of Volunteer \_\_\_\_\_

Printed Name of Person Signing Above \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone Number: ( ) \_\_\_\_\_

Emergency Contact Name and Day & Evening Phone: Day: ( ) \_\_\_\_\_ Eve: ( ) \_\_\_\_\_