

VOLUNTEER AFFILIATION AGREEMENT

BETWEEN THE CITY OF ELIZABETH CITY

and

This agreement, made this ____ day of _____, 20__ by and between the City of Elizabeth City, hereinafter referred to as the "City" and _____ hereafter referred to as "Volunteer".

If necessary, the City shall provide bags, safety vests and other supplies as requested by volunteer. The volunteer is volunteering (on their own) and will perform the task as they see fit. The Volunteer understands that he/she is not covered by the city's workers compensation policy of the city's health insurance benefits and they are working at their own risk. The City shall not be responsible for personal injury or property damage or during this volunteer experience.

IN WITNESS WHEREOF, the parties, through their authorized representatives, have affixed their signatures below.

Volunteer's Signature

DATE _____

Volunteer Print Name

Phone # _____

Department where Volunteer will be working: _____

Supervisor's Name _____
Print

Signature