

Municipality Name: Town of Wallingford, VT, 75 School St, Wallingford, VT 05773

Municipal contact in charge of volunteer: _____

Scope and duration of volunteer work or services (to be completed by municipality):

Volunteer Acknowledgement

I, _____, affirm my desire to provide uncompensated volunteer services to this Municipality 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 represent that I have the skill and ability to perform them;
- I assume fully responsibility for my own safety and agree to hold the above-named municipality harmless for any injury to me or damage to my property, except where such injury or damage results from the negligence of the municipality 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 municipality and further agree to use any personal protective equipment (if any is required) in accordance with guidance from the municipality;
- 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.

Volunteer Signature: _____

Date: _____

Address: _____

Telephone: _____

Witness: _____

Date: _____

Municipal Official – Include title