



TOWN OF SPRINGFIELD
HUMAN RESOURCES DEPARTMENT
 96 Main Street – Springfield, VT 05156
toshr@vermontel.net

VOLUNTEER SERVICE STATEMENT & AGREEMENT

(802) 885-2104 Phone
(802) 885-1617 Fax

I, _____, make this **Statement and Agreement** in order to provide, and to be authorized to provide, the following uncompensated services to the Town of Springfield as a volunteer.

Indicate scope of services volunteer is providing: _____

The volunteer services will be provided over the following period of time: Dates _____ to no later than _____. Oversight for this project will be provided by the following Town Employee on behalf of the Town: _____.

In performing the specified volunteer service, I acknowledge that:

- I am not 18 years of age and require permission from my legal guardian/parents who know of no reason, medical or otherwise, which would prevent me from performing the tasks required.

OR

I am 18 years of age or older and know of no reason, medical or otherwise, which would prevent me from performing the tasks required;

- I have acquainted myself with what is required to perform those tasks, and represent that I have the skills and abilities to perform them;
- I assume full responsibility for my own safety and the safety of others, and except were resulting from the negligence of the Town or its employees, I will hold the Town of Springfield harmless for any injury to me or damage to my property and for injury or damage resulting from my own negligence;
- I am a volunteer worker and therefore am not covered by the Town’s workers’ compensation policy; and
- I will perform the volunteer service in compliance with the standards and specifications established, or approved, by the Town of Springfield, and will honor the direction of the Town of Springfield’s Department Heads or Town Manager to suspend or terminate service.
- I understand that because of the essential functions of the volunteer position, the Town of Springfield may require a criminal record check of a volunteer who will be working with children, the elderly and individuals with disabilities.

If the Volunteer is a minor, under 18 years of age, a legal guardian/parent **MUST** sign permission in order for said Volunteer to perform any volunteer services on the Town of Springfield’s property.

Legal Guardian/Parent: _____

Date: _____

Address: _____

Telephone: _____

Volunteer: _____

Date: _____

Address: _____

Telephone: _____