OTTAWA COUNTY VOLUNTEER SERVICES AGREEMENT

Ottawa County appreciates your willingness to volunteer your services. Ottawa County values the contributions of its volunteers. Ottawa County also recognized its responsibilities to its clients, and trusts that you understand that the following information is necessary for administration purposes:

Department:	_Start Date:	End Date:
Name:	_ Phone Number:	
Address:	_ Zip Code:	
How long have you lived here?	_Previous Address: _	
Birth date:	_	
High School:	Years:	Graduate?
College:	Years:	_Graduate?
Driver License Number:		_
Social Security Number:		_
Occupation:	_How Long?	
Employers Name & Address:		
Phone Number:	_	
References (Name, Address and Phone Numbe	er)	
Physician:	_	
Have you ever been arrested or convicted of a	a crime?	
If yes, please explain:		
Reason for Volunteering:		

I acknowledge that the information I have provided above is true and accurate. I authorize the County to contact the references I have listed and hereby authorize those individuals to release any confidential information about me of which they believe the County should be apprised.

I also acknowledge that the County, or the Assigned, (will be doing) (has the ability to do) (has the option to do) a criminal background check with the information that I have provided.

Volunteer Signature

Date

County Representative

Volunteer Service Agreement

Ottawa County ("County"), and	("Volunteer"), an adult over the
age of eighteen, residing at	,

Michigan, hereby enter into the following agreement regarding volunteer services.

I. COUNTY RESPONSIBILITIES

To defend and indemnify the Volunteer against lawsuits against the Volunteer by clients alleging injury resulting from the simple negligence of the Volunteer. The County Shall not be obligated to defend or indemnify the Volunteer against liability for intentional, grossly negligent or willful acts, or allegations thereof.

To Provide verification of volunteer services hereunder to prospective employers, institutions of higher education, etc.. Upon the request of the volunteer.

II. VOLUNTEER RESPONSIBILITIES

To respect and protect client rights and to comply with policies and procedure regarding recipient rights.

To assist clients in accordance with the specified goals and treatment as set by staff.

To keep the volunteer Services Coordinator (or respective supervisor) informed of interactions between the client and Volunteer.

If the Volunteer is to utilize his or her automobile in the course of volunteer services to maintain automobile liability with limits not less than \$300,000 per accident, combined single limit, or \$300,000 per person and per accident for bodily injury and \$100,000 per accident for property damage, and to provide Michigan Personal Injury Protection and Michigan Property Protection Insurance as required by law.

To contact the Volunteer Services Coordinator if any of the information provided on the Volunteer Services Application Form becomes inaccurate or could be updated.

III. VOLUNTEER ACKNOWLEDGMENTS

I acknowledge that the information I provided on the Volunteer Application Form was true and accurate.

I acknowledge that I am providing the services hereunder at my own risk and that I am not an employee of the County and am not entitled to any compensation of benefits from the County, including but not limited to workers' compensation, medical insurance or unemployment compensation.

I acknowledge that this is my complete agreement with the County and that it replaces any inconsistent understandings; and that it cannot be modified, amended or altered without an amendment signed by both parties below.

Volunteer

Date

Ottawa County Representative

Date

Department