



**COUNTY OF LAKE  
HUMAN RESOURCES**

Courthouse - 255 North Forbes Street  
Lakeport, California 95453  
TELEPHONE (707) 263-2213  
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**PAMELA NICHOLS**  
Human Resources Director

**PAM SUMAC**  
Deputy Human Resources Director

**AGREEMENT FOR VOLUNTEER SERVICES**

THIS AGREEMENT is hereby entered into between the COUNTY OF LAKE, by and through its Department of Public Works, hereinafter referred to as "COUNTY," and \_\_\_\_\_, hereinafter referred to as "VOLUNTEER."

**WITNESSETH**

VOLUNTEER has requested and agreed to perform volunteer services for COUNTY in its Department of Public Works, and in performing said services does hereby agree as follows:

1. VOLUNTEER shall perform the following tasks and/or service for the COUNTY Department of Public Works:  
  
On 08/17/2019, from 6:00am to 10:00am, using personal hand tools and/or nylon string weed eaters, clean up hazardous vegetation along County roadside in the Soda Bay Corridor.
2. VOLUNTEER's services shall be limited to those specified in Paragraph 1, unless otherwise agreed to in writing between VOLUNTEER and said Department.
3. VOLUNTEER shall adhere to the directives of said Department in the performance of said duties.
4. In performing said services under this Agreement, VOLUNTEER understands and agrees that VOLUNTEER is not an employee of the COUNTY. VOLUNTEER services are at will, according to the needs of the COUNTY. VOLUNTEER further understands and agrees that they are covered by the COUNTY's Workers' Compensation Insurance, for medical expenses, only, for an injury incurred during the course of their volunteer service.
5. This Agreement shall be administered on behalf of the COUNTY by the Director of Public Works or designee.
6. This Agreement may be terminated as follows:
  - a) By mutual consent of the parties; or
  - b) By COUNTY, upon written notice thereof.

VOLUNTEER does hereby certify the following:

I am over 18 years of age, or have my parent's signed consent, and hereby represent that I understand and am familiar with the nature of the activity for which I am volunteering, and that I am in good physical health, and I do not have any physical or emotional conditions, past or present, of which I am aware, which would in any way affect my ability to perform volunteer services. Consent is hereby given for my work supervisor to perform first-aid or take any other emergency action they deem necessary in their best judgment.

THIS AGREEMENT was executed on \_\_\_\_\_, 2019, in Lake County, CA.

VOLUNTEER

I have read and understand the above paragraphs.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
(City) (State) (Zip Code)

\_\_\_\_\_  
(Telephone #)

COUNTY OF LAKE, DEPARTMENT OF PUBLIC WORKS

By: \_\_\_\_\_  
Director or Designee

APPROVED AS TO FORM:

  
\_\_\_\_\_  
Anita L. Grant  
County Counsel