



Employee Volunteer Waiver of Liability and Release

Volunteer Name (please print clearly): _____ Birth Date: _____ Sex: _____

Mailing address: _____ City: _____ Zip: _____

Email address: _____ Phone: _____

Event (if applicable): _____

Department of Employment: _____ Volunteer Department: _____

Beyond my role as an employee of Gwinnett County, I desire to provide additional volunteer services to Gwinnett County outside of my assigned employment duties and responsibilities. Services provided to the Volunteer Department are solely in a voluntary capacity and are in no way associated with or involved in my employment with the Department of Employment. I am providing volunteer services under my own free will and have not been directed to provide volunteer services by my supervisor or superiors. I understand that I am not entitled to nor will I receive any salary or wages from Gwinnett County for my volunteer services.

In consideration of having been accepted as a volunteer for the above-referenced department of Gwinnett County, and with the knowledge that I will be working, directly or indirectly, in a volunteer capacity for Gwinnett County, above, beyond, and in no way involving or related to my employment with Gwinnett County, involving various duties, I recognize fully that my presence and activity as a volunteer, and not an employee, may involve some element of risk which I am willing to assume. As a Gwinnett County volunteer, I hereby agree to comply with Gwinnett County Government's policy prohibiting the possession of weapons while on duty for the County.

I, the undersigned, do hereby waive and release any and all rights, claims, injuries, liabilities, damages, or lawsuits of any kind or nature of myself, and those of my heirs or assigns, which may exist or accrue in the future against Gwinnett County, its various departments, personnel, employees, elected officials, staff, or agents arising out of, as a result of, or in connection with the duties, responsibilities, and work which I will undertake as a volunteer for Gwinnett County. Nothing herein is intended to waive or release any rights or claims arising for, as a result of, or in connection with my duties, responsibilities, and/or work which I undertake as an employee of Gwinnett County.

I, the undersigned, do hereby agree to indemnify, defend, and hold harmless Gwinnett County, its various departments, personnel, employees, elected officials, staff, or agents, from and against any and all rights, claims, injuries, liabilities, damages, or lawsuits of any kind or nature of myself, those of my heirs or assigns, or of third parties, which may exist or accrue in the future, arising out of, as a result of, or in connection with the duties, responsibilities, and work which I will undertake as a volunteer for Gwinnett County.

By signing, I acknowledge that when I am volunteering with Gwinnett County I am doing so not as an employee of any branch of Gwinnett County Government, and do hereby request permission to accompany an on duty Gwinnett County employee in a Gwinnett County vehicle. I understand that, as a condition of accompanying an on duty employee of the Gwinnett County Board of Commissioners, I relieve and absolve the Gwinnett County Board of Commissioners and its employees of any and all claims, lawsuits, or any causes of action that may arise from accompanying said on duty employee. I further release, renounce and waive all claims, lawsuits or any causes of action against any insurance company which insures the Gwinnett County Board of Commissioners and its vehicles which arise from acting as a volunteer with Gwinnett County

I understand that as a volunteer that I possess no rights under the Gwinnett County Merit System. Further, I understand that as a volunteer I am not entitled to benefits or workers' compensation benefits from Gwinnett County which may otherwise have accrued had I been acting as an employee. I further understand that as a volunteer I am not entitled to any vested rights to which an employee of Gwinnett County may be entitled.

I acknowledge and understand that I am only to perform such functions as specifically directed by the departmental representative to whom I am assigned.

Volunteer Signature or Parent/Guardian Signature

Date

Number of hours you will be volunteering (if applicable): _____