



## VOLUNTEER INDEMNIFICATION – HARDING TOWNSHIP

**Project Description:**

**Project Code:** \_\_\_\_\_

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- I understand the project description, specific tasks to be performed and my duties.
- I have received safety training.
- My health is adequate to complete the assigned duties.
- I have personal liability insurance coverage.
- I understand that I am required to use appropriate personal protective equipment, e.g., eye & hearing protection especially when near power equipment and leather chaps when using chain saws.
- I understand that I am not to drive Township-owned vehicles.
- I understand that neither I, nor any business entity I am affiliated with, are prohibited from contracting work with the Township for a 12-month period from the most recent day I performed work as a volunteer for the Township.
- Any equipment that I personally own is only to be used by me and at my own risk.

I certify that to the best of my knowledge the above information is true:

Name/Phone#: \_\_\_\_\_ # \_\_\_\_\_  
Print Name

Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_