



## ARTS ADVISORY BOARD REGULAR MEETING

**Monday, February 23, 2026  
4:00 p.m.**

Snohomish Carnegie, 105 Cedar Avenue  
Remote Option Available

Zoom Meeting Participation Information  
Use link: <https://us02web.zoom.us/j/82570911480>  
Dial in: (253) 215-8782  
Meeting ID: 825 7091 1480

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### AGENDA

1. **INTRODUCTION**
2. **DISCUSSION**
  - a. Board role and responsibilities
  - b. 2026-2027 Work Plan
3. **STAFF UPDATES**
4. **ADJOURN**

**NEXT MEETING:** The next regular meeting is scheduled for Monday, 23, 2026 at 4 p.m., at the Snohomish Carnegie, 105 Cedar Avenue, and online via Zoom.

Specialized accommodations will be provided with 5 days advanced notice. Contact the City Clerk's Office at 360-568-3115. This organization is an Equal Opportunity Provider.



## ARTS ADVISORY BOARD STAFF REPORT

**Date:** February 23, 2026

**Agenda Section:** DISCUSSION

**From:** Shari Ireton, Director of Community Engagement & Strategic Initiatives

**Subject:** Board role and responsibilities

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**ATTACHMENT(S):**

City of Snohomish Volunteer Waiver and Forms.pdf



## Appendix D: Volunteer Application

Volunteer Name: First, M, Last (Please Print)	Phone
Parent/Guardian (if volunteer is 14 to 17 years of age) Name	Parent Guardian Phone
Address:	Email
City, State, Zip	Date of Birth
Volunteer Project Name or Scope	Project Supervisor (must be a City employee)

Please list any accommodations you need to perform volunteer duties:

Please list hobbies, skills, or special knowledge you think would help in your volunteering:

Please list Dates and times you are available to volunteer:

DAY OF WEEK	MORNING	AFTERNOON	EVENING
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			



Please list three (3) reference (who are not relatives) that we may call on:

Name	Relationship	Phone

### EMERGENCY CONTACT FORM for VOLUNTEERS

In case of illness or injury, the following physician should be contacted:

Physician Name:	Phone:
Address:	

If the physician listed above is unable to respond, may any available physician be contacted for treatment? Yes \_\_\_\_\_ No \_\_\_\_\_

#### EMERGENCY CONTACT INFORMATION

In the event of an emergency, I, the undersigned volunteer, authorize the City of Snohomish to contact the following person(s):

Name:	Phone (H):
Relationship to Volunteer:	Phone (W):
Address:	Cell:

Name:	Phone (H):
Relationship to Volunteer:	Phone (W):
Address:	Cell:



**IMPORTANT DISCLOSURES**

**PUBLIC RECORD:** Pursuant to the Washington Public Disclosure Act, (RCW 42.56), this form constitutes a public record and is subject to public release upon request. The following information may be redacted prior to disclosure pursuant to RCW 42.56.250(3): Residential addresses, residential telephone numbers, personal wireless telephone numbers, personal electronic mail addresses, social security numbers, driver’s license numbers, Identocard numbers, and emergency contact information of employees or volunteers of a public agency, and the names, dates of birth, residential addresses, residential telephone numbers, personal wireless telephone numbers, personal electronic mail addresses, social security numbers, and emergency contact information of dependents of employees or volunteers of a public agency.

**BACKGROUND CHECKS:** You may be required to consent to a background check in accordance with RCW 43.43.830-839 for the limited purpose of the City determining your suitability as a volunteer. (To be used for volunteers who will have unsupervised access to children, developmentally disabled persons or vulnerable adults or who will be working with confidential information or in a position of public trust). These checks may include but not be limited to: driving record checks, reference checks, direct background investigations, and/or criminal investigations.

**NON-DISCRIMINATION.** Applicants are considered for appointment without regard to race, color, religion, gender, national origin, sexual orientation, age, genetic information, marital or veteran status, or the presence of any disability.

Volunteer Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent or Guardian (If under 18-years old) \_\_\_\_\_

<b>FOR INTERNAL USE ONLY</b>			
City Supervisor and Department	Type of Work/Activity	Location of Services	Estimated Project Timeline



## **Appendix E: Volunteer Assumption of Risk, Waiver and Release**

Please read the following: your signature indicates you understand and agree. If you have any questions please check with the supervisor.

### **VOLUNTEER WORKERS**

I understand that as a volunteer worker as defined by RCW 51.12.035, I agree to submit the number of hours volunteered to the supervisor I agree to abide by the policies, procedures and guidelines set forth by the City of Snohomish.

### **VOLUNTEER – NOT AN EMPLOYEE OF THE CITY OF SNOHOMISH**

I acknowledge that as a volunteer I will not represent myself as or claim to be an officer or employee of the City of Snohomish or claim any right, privilege or benefit which would accrue to an employee of the City of Snohomish. I understand that I will not receive any personal compensation for services rendered through volunteer activities.

### **NON-DISCRIMINATION**

Volunteers are considered for service without regard to race, color, religion, gender, national origin, sexual orientation, age, genetic information, marital or veteran status, or the presence of any disability.

### **PUBLIC RECORD**

Pursuant to the Washington Public Disclosure Act, (RCW 42.56), this form constitutes a public record and is subject to public release upon request.

### **ACCIDENTS/INJURIES WHILE VOLUNTEERING**

If an accident occurs while performing as a volunteer, the accident must be reported to City staff immediately or within 24 hours. It is understood that if a volunteer is injured while performing volunteer activities the volunteer may be eligible for workers' compensation medical aid benefits as described in RCW 51.12.035. Failure to document volunteer time and names may make volunteers ineligible to receive such benefits per RCW 51.12.035. In addition, registered volunteers may be afforded liability coverage through the City's self-insured liability program.



**ASSUMPTION OF RISK, WAIVER AND RELEASE**

I am fully aware that the work associated with being a City of Snohomish Volunteer involves risks of physical injury or death. I understand that I may choose among the volunteer jobs offered to me and I am under no obligation to accept any placement unless I choose to do so. I agree to follow safety precautions and take full responsibility for my actions and for my physical condition. Being fully informed as to the risks and in consideration of being allowed to participate in the City's Volunteer Program, I hereby assume all risk of injury, damage and harm to myself arising from such activities or use of City facilities. I also hereby individually and on behalf of my heirs, executors and assignees, release and agree to hold the City, its officials, employees, and agents harmless against all claims, loss, liability or expense, including attorney's fees for any personal injury, death, or other consequence which may result from my participation in volunteer activities.

Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_  
(if volunteer is 14 to 17 years of age)



## **Appendix F: Volunteer Service & Scope of Activities Agreement**

**Volunteer Name:** \_\_\_\_\_

**Supervisor** \_\_\_\_\_

**Department** \_\_\_\_\_ **Supervisor Signature** \_\_\_\_\_

**PURPOSE:** The purpose of this Agreement is to outline the responsibilities of the City of Snohomish in providing volunteer opportunities, and to create an understanding between the City and the Volunteer. This Agreement shall apply to persons voluntarily performing non-compensated services for the City.

**Specific Duties:**

**Time Keeping Requirements:**

Volunteers will maintain a record of volunteer hours on the attached time sheet (or similar form) and provide the signed time sheet to their immediate supervisor on the last day of each month of volunteer service. Supervisors are responsible for reviewing the sheet for accuracy and forwarding it to Human Resources no later than the 5th of each month.

**Reporting and Supervision:**

The Supervisor noted above will be the direct report for volunteer training, assignment, and supervision.

**Training Requirements:**

**Personal Protective Equipment to be Provided by the City** (Volunteers should not perform any task without proper personal protective equipment):

**AGREEMENT FOR NON-COMPENSATED SERVICES:** I hereby volunteer my services to the City of Snohomish. I agree to abide by all relevant City policies and procedures and to perform the volunteer services in a safe, responsible manner in accordance with the Scope of Volunteer Services.

I further understand that this Agreement does not in any way constitute or create an employer/employee relationship between the City and the Volunteer. The City shall not be responsible



for, or liable for, nor shall the Volunteer be eligible to receive, any compensation or benefits as a result of this Agreement EXCEPT for State Labor and Industries Industrial Insurance medical aid coverage, which is provided through the City's self-insured program.

**STANDARDS OF CONDUCT:** The City is involved in providing various services to the public. Citizens rely on the quality and reliability of these services, and all employees are expected to provide professional service to the public. Volunteers will meet the standards prescribed in the City's Personnel Policy (Appendix E) under the Standards of Conduct. Volunteers who fail to meet this standard of conduct may be subject to disciplinary action, up to and including immediate termination. The City will take appropriate disciplinary action based on the seriousness of the misconduct as determined by The City.

**I further understand that:** (Please initial each of the following)

\_\_\_\_\_ I am not to appear for volunteer service under the influence of any illegal drugs, alcohol or prescription drugs not prescribed to me. I agree to inform the supervisor at the beginning of the shift if taking any over-the-counter or prescription medications which may impair the ability to perform volunteer duties.

\_\_\_\_\_ I have been provided a copy of the City's Standards of Conduct and will abide by all City policies while performing volunteer services.

\_\_\_\_\_ I agree not to go beyond the scope of volunteer work agreed to without authorization.

\_\_\_\_\_ I am to be trained on any activity that I am unfamiliar with, learn the corresponding policies, and it is my responsibility to understand them completely or ask questions until I feel confident to perform them.

\_\_\_\_\_ I hereby identify that I am capable of performing duties without accommodation (or with the following accommodation(s)): \_\_\_\_\_

\_\_\_\_\_ Depending on the scope of volunteer work, in addition to other policies, the following City policies may apply: Accident Prevention Manual, Employee Conduct, Conflict of Interest, Acceptable Computer Use, Drug-Free Workplace, Reporting Improper Governmental Action, Vehicle Safety and Infractions Issued to City Vehicles Detected by Automated Traffic Safety Cameras or Speed Measuring Devices. (A complete City policy manual is available upon my request.)

\_\_\_\_\_ Should an injury occur during the scope of my service, the City has included my hours of volunteer service in the State Labor and Industries coverage for volunteer workers. I am responsible for recording and reporting my hours to the City.

\_\_\_\_\_ I understand that I am to report any on-the-job injury or illness, no matter how minor, to my supervisor. I will complete the Accident Report Form for any injury that occurs and submit it to my supervisor. I authorize emergency medical care if it should become necessary.

\_\_\_\_\_ I grant full permission to the City to use any photographs, videotapes, motion pictures or recordings for publicity purposes.



**BACKGROUND CHECKS:** I consent to the City performing a background check into my history in accordance with RCW 43.43.830-839 and waive any right to privacy I may have in such information for the limited purpose of the City considering it for determining my suitability as a volunteer. (To be used for volunteers who will have unsupervised access to children, developmentally disabled persons or vulnerable adults or who will be working with confidential information or in a position of public trust). These checks may include but not be limited to driving record checks, reference checks, direct background investigations, and/or criminal investigations.

**TERMINATION:** I understand that I or the City may terminate this agreement at any time without cause, and that I am volunteering my services at will and may be asked to discontinue such agreement without prior notice or reason.

**WAIVER AND HOLD HARMLESS:** I am fully aware that the work associated with being a City of Snohomish Volunteer involves risks of physical injury or death. I understand that I may choose among the volunteer jobs offered to me and I am under no obligation to accept any placement unless I choose to do so. I agree to follow safety precautions and take full responsibility for my actions and for my physical condition. Being fully informed as to the risks and in consideration of my being allowed to participate in the City's Volunteer Program, I hereby assume all risk of injury, damage and harm to myself arising from such activities or use of City facilities. I also hereby individually and on behalf of my heirs, executors and assignees, release and agree to hold the City, its officials, employees and agents harmless against all claims, loss, liability or expense, including attorney's fees for any personal injury, death or other consequence which may result from my participation in volunteer activities.

**LIABILITY COVERAGE:** I understand that the City is self-insured for liability coverage. Volunteers performing within the scope of their assigned duties as authorized by the City are afforded the same coverage as City employees under the City's self-insurance program and its excess liability insurance coverage. I am fully aware that a volunteer's intentional misconduct is not protected or covered by the City or its excess liability insurance coverage.

**NON-DISCRIMINATION:** Applicants are considered for appointment without regard to race, color, religion, gender, national origin, sexual orientation, age, genetic information, marital or veteran status, or the presence of any disability.

**PUBLIC RECORD:** Pursuant to the Washington Public Disclosure Act, (RCW 42.56), this form constitutes a public record and is subject to public release upon request. The following information may be redacted prior to disclosure pursuant to RCW 42.56.250(3): Residential addresses, residential telephone numbers, personal wireless telephone numbers, personal electronic mail addresses, social security numbers, driver's license numbers, IDenticard numbers, and emergency contact information of employees or volunteers of a public agency, and the names, dates of birth, residential addresses, residential telephone numbers, personal wireless telephone numbers, personal electronic mail addresses, social security numbers, and emergency contact information of dependents of employees or volunteers of a public agency.

This agreement shall be in effect for the duration of my volunteer services beginning this date.

**I HEREBY CERTIFY THAT I HAVE REVIEWED THIS SCOPE OF VOLUNTEER SERVICES AND WILL ADHERE TO THE SPECIFIC DUTIES OF THE VOLUNTEER POSITION DESCRIBED ABOVE.**



Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Signature of Parent or Guardian (If under 18-years old) \_\_\_\_\_



**ARTS ADVISORY BOARD STAFF REPORT**

**Date:** February 23, 2026

**Agenda Section:** DISCUSSION

**From:** Shari Ireton, Director of Community Engagement & Strategic Initiatives

**Subject:** 2026-2027 Work Plan

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