



# Volunteer Application



The City of Lake Stevens operates an organization-wide volunteer program to utilize the extraordinary reserve of knowledge, talent and skill possessed by individuals in our community to perform work of value within our city while providing meaningful volunteer experiences.

Last Name:	First Name:	M.I.
Street Address:	City:	State: Zip:
Phone:	Email:	
Are you over the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a valid WA State Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No	WA State Driver's License or ID# <hr/> Exp. Date: _____
If not, birthdate: _____		
What's your availability? <input type="checkbox"/> Long-term <input type="checkbox"/> Short-term <input type="checkbox"/> Special Project  Select when you are available to volunteer. Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/>	Are you currently certified in  CPR? <input type="checkbox"/> Yes <input type="checkbox"/> No  First Aid? <input type="checkbox"/> Yes <input type="checkbox"/> No	

## Which program area(s) are you interested in?

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> School Activities | <input type="checkbox"/> Fingerprinting         | <input type="checkbox"/> Office            | <input type="checkbox"/> Special Events    |
| <input type="checkbox"/> Explorer Program  | <input type="checkbox"/> Computer projects      | <input type="checkbox"/> Security Checks   | <input type="checkbox"/> Event Preparation |
| <input type="checkbox"/> Emergency Mgmt    | <input type="checkbox"/> Community Interactions | <input type="checkbox"/> Senior Activities | Other: _____                               |

## Volunteer/Work Experience:

Organization Name: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**Provide two adult references not related to you.**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Association to you: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Association to you: \_\_\_\_\_

**List specialized knowledge or areas of expertise (IE: computer programs, sign making, etc.)**

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**Medical Alert Information:**

Do you have any allergies or medical conditions that may cause a medical alert Yes  No

List the allergy or medical condition if you wish to disclose the information:

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Have you been convicted of a felony or released from prison within the last ten (10) years or convicted of a misdemeanor other than minor traffic offenses within the past three (3) years? Yes  No

If yes, please explain:

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Do you have any physical or emotional medical conditions that should be considered when arranging volunteer assignments? Yes  No

If yes, please explain:

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Emergency contact person: \_\_\_\_\_ Phone: \_\_\_\_\_

## Notice to Volunteers

Volunteers are not considered to be City of Lake Stevens employees. Volunteer services are performed without compensation. Injury Compensation is provided through the Department of Labor & Industries. Volunteer service is considered to be creditable work experience. The data furnished on this form is furnished voluntarily and will be used to contact, interview and place volunteers.

### SIGNATURE IS REQUIRED

To the best of my knowledge, the information herein is true and complete. I understand that falsification of this application is grounds for dismissal as a volunteer. Further I give permission for an authorized representative of the City to inquire of individuals about my ability to perform all aspects of the volunteer position for which I am being considered and I release the City of Lake Stevens and those individuals/institutions that provide information from any liability that may arise from the provision of this information.

As a volunteer for the City of Lake Stevens, I am fully aware that the work associated with being a City Volunteer involves certain risks of physical injury or death. Being fully informed as to these 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 or Lake Stevens facilities. I also hereby individually and on behalf of my heirs, executors and assignees, release and hold harmless the City of Lake Stevens, its officials, employees, and agents and waive any right of recovery that I might have to bring a claim or a lawsuit against them for any personal injury, death or other consequences occurring to me arising out of my volunteer activities.

I give permission to have my photo taken and used for publicity purposes by the City. I authorize any necessary emergency medical treatment that might be required for me in the event of physical injury and/or accident to me while participating in this program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If under 18, parent/guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_

### \*\*\*DEPARTMENT USE ONLY\*\*\*

<input type="checkbox"/> NCIC	<input type="checkbox"/> CHRI	<input type="checkbox"/> DOL	<input type="checkbox"/> F/A FILE	<input type="checkbox"/> LERMS (Activity)	<input type="checkbox"/> DOC	<input type="checkbox"/> FORS
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**CLEAR**  **NOT CLEAR** CHECK PERFORMED BY:

APPLICATION APPROVED BY:

## Child and Adult Abuse Information Disclosure Statement

State law (RCW 43.43) provides that the City of Lake Stevens must require volunteer applicants to provide certain information to the City prior to involvement with the City. This information will be kept confidential.

Have you ever been convicted of a crime against persons?  Yes  No

For purposes of this section, crimes against person means the conviction of any of the following offenses: aggravated murder, first or second or third degree assault or kidnapping, first, second or third degree rape, first, second or third degree statutory rape, first, second or third degree robbery, first degree arson, first degree burglary, first or second degree manslaughter, first or second degree extortion, indecent liberties, incest, vehicular homicide, first degree promotion prostitution, communication with a minor, unlawful imprisonment, simple assault, sexual exploitation of minors, first or second degree mistreatment, or any of these crimes as they may be renamed in the future. See RCW 43.43.830 for a complete list of crimes.

Have you been found in a dependency action under RCW 13.34.030 (2) (b) to have sexually assaulted or exploited any minor or to have physically abused any minor?  Yes  No

Have you ever been found by a court in a domestic relations proceeding under Title 26 RCW to have sexually abused, exploited, or to have physically abused any minor?  Yes  No

Have you ever been found in any disciplinary board final decision to have sexually abused or exploited any minor or to have physically abused any minor?  Yes  No

For purposes of this section, a disciplinary board final decision means any final decision issued by the disciplinary board or the Director of the Department of Licensing for the following businesses: Chiropractic, dentistry, dental hygiene, drugless healing, massage, midwifery, osteopathic, physical therapy, physician, practical nursing, psychology, real estate brokers and salesman.

If your answer is yes to any of the above questions, provide the date and location of all such findings.

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NOTICE: The provided information will be used to conduct a background check to determine if you have any convictions of offenses against persons adjudications or child abuse in civil actions or disciplinary board final decisions.

UNDER PENALTY OF PERJURY, I certify that the above information is true, correct and complete. I grant permission to the City of Lake Stevens to conduct a background check under the provisions of the law. I understand that if I am given a volunteer assignment, I can be discharged for any misrepresentation or omission in the above statement. I also understand that if I am assigned, my position is conditioned on your receipt of a satisfactory background check.

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Signature

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Print Name

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Address