



# VOLUNTEER APPLICATION

Volunteer Name: First, MI, Last (Please Print)	Home Phone (w/area code)
Parent/Guardian (if under 18) Name (Please Print)	Cell Phone (w/area code)
Address:	Email:
City, State, Zip	

Please Indicate areas of volunteer service that interest you: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please list any accommodations you need to perform volunteer duties: \_\_\_\_\_  
 \_\_\_\_\_

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

Please indicate the dates and times you are available to volunteer:

DATE OF WEEK	MORNING	AFTERNOON	EVENING
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
SATURDAY			
SUNDAY			

Please list two (2) reference (who are not relatives) that we may call on:

NAME	RELATIONSHIP	PHONE (w/area code)

**\*\*Signature on following page**

**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.

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Signature of Parent or Guardian  
(if volunteer is under 18 years old)

\_\_\_\_\_  
(Print name)