

City of Puyallup Volunteer Application

Date Received _____

The City of Puyallup operates a volunteer program that provides services organization-wide. The purpose of the program is to enable the City to take advantage of the extraordinary reserve of knowledge, talent, and skill possessed by volunteers within our community and to capitalize on these abilities to augment City services. The intent is also to provide a program which involves interested residents in local government while providing them the opportunity to perform work of value to the community.

The volunteer application is designed to give applicants an opportunity to share their background, experience, interests and skills, enabling the City to make the best possible volunteer placement.

Name: _____
(Last) (First) (Middle)

Address: _____
City: _____ State: _____ Zip: _____

Home Phone: _____ Message: _____ Work: _____ Email: _____

Are you over the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, give date of birth: _____	Do you have, or can you obtain, a valid Washington State Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Availability
 Long-term Short-term Special Project

Circle the Days You Can Be Available for Volunteer Work: Sunday / Monday / Tuesday / Wednesday / Thursday / Friday / Saturday	Are you currently certified in CPR? <input type="checkbox"/> Yes <input type="checkbox"/> No First Aid? <input type="checkbox"/> Yes <input type="checkbox"/> No
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In What Particular Areas of Volunteer Work Are You Interested?

What General Skills/Experience/Education Would You Like to Share in Your Volunteer Work?

Criminal Convictions

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

If Yes, Please Explain: _____

REFERENCES (Do Not List Relatives)

Name: _____	Address: _____	Phone: _____
Name: _____	Address: _____	Phone: _____
Name: _____	Address: _____	Phone: _____

Do You Have Any Medical Conditions Physical or Emotional That Should Be Taken Into Consideration in Arranging Volunteer Assignments? YES NO If Yes, Please Explain: _____

In Case of Emergency Please Contact: _____ Phone: _____

Purpose for Volunteering

Please indicate whether or not you are volunteering to fulfill the following requirements:

- An education requirement for K-12
- An education requirement for college or technical school
- A court ordered requirement for community service
- A project requirement for Eagle Scouts (Please attach a description of the proposed project.)
- Other (please explain):

Notice to Volunteers

Volunteers are not considered to be City of Puyallup employees. Injury Compensation is provided through self insurance/Workers Compensation. 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. If you are accepted as a volunteer the city requires all prospective volunteers to submit to a Washington State Patrol background check.

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 conduct a National criminal background check in accordance with RCW 43.43.830-839 and 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 Puyallup 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 Puyallup, 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 facilities. I also hereby individually and on behalf of my heirs, executors and assignees, release and hold harmless the City of Puyallup, 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 or Guardian's

Signature: _____

Date: _____

City of Puyallup

National Background Screening Consent Form



Required for Background Check:

Applicant's **Legal** Name (printed)

Social Security Number _____ Date of Birth _____

Applicant's Address

City _____ State _____ Zip _____

I, _____, authorize and give consent for the City of Puyallup to obtain information regarding myself. This includes the following:

- Local & National Criminal background records/information
- All 50 State Sex Offender Registries
- Full Address Trace
- Social Security Verification

I the undersigned, authorize this information to be obtained either in writing or via telephone in connection with my application. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence in accordance with the organization's guidelines.

By signing this document, I am providing the above named Organization my consent for an initial background check as well as any subsequent background checks deemed necessary throughout the length of my volunteer assignment with this Organization.

Print Name:

_____ Date: _____

Signature: _____