



Volunteer Application

Parks, Arts & Recreation Department

Name _____ Date _____

Address _____ D.L.# _____

City/State/Zip _____ Phone _____

Alt. Phone _____ E-Mail _____

Employer/School _____ Occupation/Field of Study _____

Please select your areas of interest by ranking them 1-3 (1 being your first choice).

Volunteer Work Desired:

- Special Events
- Summer Day Camps
- SKIPP (Summer Kids in Parks Program)
- Parks
- Community Gardens
- Other _____

What special training do you have? (Business, Professional, Arts & Crafts, Drama, etc.) _____

What activities have you done? (Clubs, Previous Volunteer Work, etc.): _____

What would you like to offer the program? _____

What would you like the program to offer you? _____

Days/Hours Available: Please indicate times you will be able to volunteer.

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Morning							
Afternoon							
Evening							

REFERENCES

Please provide name and phone # of 2 non-family references.

1. _____ Phone: _____

2. _____ Phone: _____

Please note: Reasonable accommodation to participate in the application or selection process for volunteer for the Parks, Arts & Recreation Department will be made upon request.
Contact Scott River at 753-8506.

For applicants ages 13 and under:

Please note that the City of Olympia does not provide medical insurance coverage for volunteers ages 13 and under should they incur injury to themselves.

Parent/Guardian signature is required

Parent/Guardian Signature _____



Volunteer Information Sheet

All of the requested information is needed for emergency contact purposes as well as for insurance purposes. Thank you.

Name _____
Phone Number _____ E-mail _____
Address _____
City _____ State _____ ZIP _____
Emergency Contact _____ Phone # _____

Please take a moment to read and sign the following waiver:

In consideration of voluntary participation in Olympia Parks, Arts and Recreation Department Volunteer Programs, I hereby for myself, my heirs, executors, assigns and personal representatives, forever waive and release any and all claims for damages I now or may hereafter have, whether known or unknown, against the City of Olympia, its elected officials, employees, agents and volunteer workers for any injuries suffered in connection or arising out of participation in said activities. I understand that I will be volunteering my time and work on these projects and therefore will not be compensated monetarily or otherwise by the City of Olympia.

Volunteer Signature _____

Parent/Guardian Signature
for volunteers under 13 or under _____

Applicant Disclosure, Pursuant to RCW 43.43.834 Child and Adult Abuse Information Act

Answer YES or NO to each listed item. If the answer is YES to any item, explain in the area provided, indicating the charge or finding, the date, and the court(s) involved.

(A) Have you ever been convicted of any crime against children or other persons?

Answer _____ If yes, explain below:

(B) Have you ever been convicted of crimes relating to financial exploitation if the victim was a vulnerable adult?

Answer _____ If yes, explain below:

(C) Have you ever been convicted of crimes related to drugs as defined in RCW 43.43.830?

Answer _____ If yes, explain below:

(D) Have you ever been found in any dependency action under RCW 13.34.040 to have sexually assaulted or exploited any minor or to have physically abused any minor?

Answer _____ If yes, explain below

(E) Have you ever been found by a court in a domestic relations proceeding under Title 26 RCW to have sexually abused or exploited any minor or to have physically abused any minor?

Answer _____ If yes, explain below:

(F) Have you ever been found in any disciplinary board final decision to have sexually or physically abused or exploited any minor or developmentally disabled person or to have abused or financially exploited any vulnerable adult?

Answer _____ If yes, explain below:

(G) Have you ever been found by a court in a protection proceeding under chapter 74.34 RCW to have abused or financially exploited a vulnerable adult?

Answer _____ If yes, explain below:

Pursuant to RCW 9A.72.085, I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Applicant Signature _____

Date and Place _____

Witness _____

Business or Organization _____

Address _____

WASHINGTON STATE PATROL
Identification and Criminal History Section PO
Box 42633
Olympia WA 98504-2633

REQUEST FOR CONVICTION CRIMINAL HISTORY RECORD

INSTRUCTIONS:

PLEASE COMPLETE THIS FORM WHEN REQUESTING **CONVICTION** CRIMINAL HISTORY RECORD INFORMATION FROM THE WASHINGTON STATE PATROL IDENTIFICATION AND CRIMINAL HISTORY SECTION. MAIL REQUEST TO ADDRESS NOTED ABOVE WITH **\$10 MONEY ORDER, COMMERCIAL BUSINESS ACCOUNT CHECK OR CASHIER CHECK, (no personal checks)**, PAYABLE TO THE WASHINGTON STATE PATROL.

NOTE: The requested record information is furnished solely on the basis of name and/ or description similarity with the subject of your inquiry. Positive identification or non-identification can only be effected upon receipt of fingerprints. Subject may be advised of inquiry.

A SUBJECT INFORMATION: (Please provide as much information as possible in space below)

Applicant's Name: _____
Last First Middle

Alias/ Maiden Name: _____

Date of Birth: _____ Sex: _____ Race: _____
Month/ Day/ Year

Social Security Number: _____ Drivers Lic. Number/State: _____ / _____

WSP USE ONLY

B REQUESTER INFORMATION:

DATE: _____ / _____ / _____ (print) Name / Title of Requester
Mo. Day Yr.

PHONE No. () _____ Requester's Signature

REQUESTER'S ADDRESS: (type or clearly stamp address)

Agency _____

Attn: Address: _____

City/State/Zip _____