

# City of Shoreline Volunteer Application

Staff Supervisor/Department

The purpose of the City of Shoreline Volunteer 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 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. Please share your background, experience, interests and skills to enable the City to make the best possible volunteer placement.

Name:     
 (Last) (First) (Middle)

Address:   
 City:  State:  Zip:

Home Phone:  Work:

Message:  Email:

<b>Are you over the age of 18?</b> <input type="radio"/> Yes <input type="radio"/> No	<b>If not, give date of birth:</b> <input type="text"/>	<b>Do you have, or can you obtain, a valid Washington State Driver's License?</b> <input type="radio"/> Yes <input type="radio"/> No	<b>WA State Driver's License or ID Card #</b> <input type="text"/> <b>Exp. Date:</b> <input type="text"/>
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**Availability**  
 Short-Term  Long-Term  Special Project

Select the Days You Can Be Available for Volunteer Work:  
 Sunday  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday

**Are you currently certified in CPR?**  Yes  No  
**First Aid?**  Yes  No

Please check areas that interest you:

General	Environmental Stewardship	Recreation	Community or Neighborhood
<input type="checkbox"/> Office Work <input type="checkbox"/> Special Projects <input type="checkbox"/> Mailings	<input type="checkbox"/> Park Stewardship <input type="checkbox"/> Adopt-A-Street/Litter Pick-up <input type="checkbox"/> Traffic Circle Landscaping	<input type="checkbox"/> Arts / Crafts <input type="checkbox"/> Special Event Staff <input type="checkbox"/> Specialized Recreation <input type="checkbox"/> After-School Programs	<input type="checkbox"/> Police Neighborhood Center staff <input type="checkbox"/> Writing or Graphics <input type="checkbox"/> Event Planning

**Why are you interested in volunteering?**

Please list any previous work and/or volunteer experiences:

Organization	Start Date (mo/yr)	End Date (mo/yr)	Position/ Responsibilities
1. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**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 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:  Relationship:  Phone:

Alternate

Phone:  Email:

Name:  Relationship:  Phone:

Alternate

Phone:  Email:

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:

**Notice to Volunteers**

**Volunteers are not considered to be City of Shoreline employees. 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 conduct a state patrol 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 Shoreline 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 Shoreline, 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 Shoreline, 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: \_\_\_\_\_

*Notice to applicant: Pursuant to the Washington Public Disclosure Act, this form constitutes a public record and is subject to public release upon request. Under RCW 42.56.250, the residential addresses and telephone numbers of the volunteers may be redacted from any such disclosure.*