

CITY OF ARLINGTON
238 N. Olympic Ave.
Arlington, WA 98223
(360) 403-3421



POSITION APPLYING FOR:

FOR INTERNAL USE ONLY:

VOLUNTEER APPLICATION

The City of Arlington operates a volunteer program that provides opportunities 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 residents interested in local government 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: _____ **TODAY'S DATE:** _____
Last, First, Middle

ADDRESS: _____ **CITY:** _____ **STATE:** _____ **ZIP:** _____

TELEPHONE: HOME: () _____ **WORK:** () _____

EMAIL: _____

IN CASE OF AN EMERGENCY PLEASE CONTACT: _____ **PHONE:** _____

ARE YOU OVER THE AGE OF 18? YES NO

DO YOU POSSESS A VALID DRIVER'S LICENSE? YES NO

HAVE YOU BEEN CONVICTED OF A FELONY OR RELEASED FROM PRISON WITHIN THE LAST TEN YEARS, OR HAVE YOU BEEN CONVICTED OF A MISDEMEANOR OTHER THAN MINOR TRAFFIC OFFENSES WITHIN THE PAST THREE YEARS? YES NO

IF YES, PLEASE EXPLAIN: _____

ARE YOU CURRENTLY CERTIFIED IN CPR? YES NO FIRST AID? YES NO

DO YOU HAVE ANY MEDICAL CONDITIONS THAT SHOULD BE TAKEN INTO CONSIDERATION IN ARRANGING VOLUNTEER ASSIGNMENTS? YES NO

IF YES PLEASE EXPLAIN: _____

AVAILABILITY? LONG TERM SHORT TERM SPECIAL PROJECT

CIRCLE THE DAYS YOU CAN BE AVAILABLE FOR VOLUNTEER WORK:

SUNDAY MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY

SPECIALIZED SKILLS AND ADDITIONAL INFORMATION: (Attach additional pages if needed)

IN WHAT PARTICULAR AREAS OF VOLUNTEER WORK ARE YOU INTERESTED?

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WHAT GENERAL SKILLS/EXPERIENCE/EDUCATION WOULD YOU LIKE TO SHARE WHILE VOLUNTEERING?

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REFERENCES (Do not list relatives)

NAME:	ADDRESS:	PHONE:

NOTICE TO VOLUNTEERS

Volunteers are not considered to be City of Arlington 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 Washington State Patrol WATCH 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. I release the City of Arlington and those individuals/institutions that provide information from any liability that may arise from the provision of this information.

As a volunteer of the City of Arlington, 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 Arlington, 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 my 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 YEARS OF AGE, PARENT OR GUARDIAN'S

SIGNATURE: _____

DATE: _____

The City of Arlington is an Equal Opportunity Employer and does not discriminate on the basis of race, sex, age, color, religion, national origin, marital status, disability status, or any other basis prohibited by federal, state or local law.



**AGREEMENT REGARDING INDIVIDUAL VOLUNTEER
SERVICE WITH THE CITY OF ARLINGTON**

I _____ hereby volunteer my services to perform only the services as outlined in the attached scope of volunteer work for the City of Arlington department of _____. I understand I will not be compensated for my work but I volunteer to do so in a responsible manner. If I decide to discontinue my volunteer service I will notify the Human Resources Department.

Further, I hereby certify that I am capable of performing the duties as outlined in the attached scope of volunteer work (check which applies) () without accommodation or () with the following accommodations:

In consideration of the City of Arlington giving me permission to perform these volunteer services, I agree to the following terms (initial each):

1. _____ I understand that I am not to appear for volunteer service under the influence of any drugs or alcohol.
2. _____ I will abide by all of City of Arlington policies regarding personal conduct while performing volunteer services.
3. _____ I agree not to go beyond the scope of volunteer work agreed to without authorization.
4. Should an injury occur during the scope of my service, I understand that:
_____ The City of Arlington has included my hours of volunteer service in the Washington State Department of Labor and Industries coverage for volunteer workers (once a timesheet is submitted to the City of Arlington).
_____ I understand that I am to report any on-the-job injury or illness, no matter how minor, to the City of Arlington employee supervising my volunteer services.
5. Depending on the scope of volunteer work, the following policies may apply:
(Please initial the policies reviewed)
_____ Driving
_____ Accident Prevention Program
_____ Machinery/Equipment Operation
_____ Workplace Harassment
_____ Alcohol, Drugs & Intoxicants
_____ Internet & Other Workplace Communication Systems

6. _____ I acknowledge that I have been trained on the above initialed policies and understand them and/or have had the opportunity to ask any questions.
7. _____ I consent to a representative of the City of Arlington performing a background check into my history in accordance with RCW 43.43.830–839 and waive any right of privacy I may have in such information for the limited purpose of the City of Arlington considering it for determining my suitability as a volunteer.
8. _____ I understand that I or the City of Arlington may terminate this agreement at any time without cause, that I am volunteering my services at will and may be asked to discontinue such without prior notice or reason.
9. _____ I am fully aware that the work associated with being a 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 Volunteer Program, I hereby assume all risk of injury, damage and harm to myself arising from such activities or use of City of Arlington facilities. I also hereby individually and on behalf of my heirs, executors and assignees, release and hold harmless the City of Arlington, 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, except for those caused by the sole negligence of the City of Arlington.
10. _____ I give permission for photos/videos taken of myself during volunteer activities to be used for publicity purposes, without recompense.

This agreement will be in effect for the duration of my volunteer services beginning this date.

Dated this _____ day of _____, 20_____.

Member

Volunteer's Signature

Address

Phone Number

Parent/Legal Guardian



CITY OF ARLINGTON

CONSENT TO RELEASE INFORMATION AND RELEASE FROM LIABILITY

I, _____ do hereby authorize a representative of the City of Arlington to obtain my criminal history record via the Washington State Patrol WATCH Program.

I hereby agree to release the City of Arlington, its employees, and elected officials from any liability for any damage which may result from obtaining this information.

Printed Name: _____
First, Middle Initial, Last

Date of Birth: _____

Gender: ___ M ___ F

Signature

Date

