

Buckley Youth Activity Center

Volunteer Application



Under 18 (Parent Signature required) _____ An Adult

Applicant Information

Full Name: _____ Date of Application: _____
Last First M.I.

Address: _____
Physical / Mailing Address Apartment/Unit #

City State ZIP Code

Home Phone: () E-Mail Address: _____

Cell Phone: () May we contact you via text message? YES NO Date of Birth: _____

Goal or Purpose of Your Volunteer Experience & Availability

Your Goal or Purpose for Volunteering :

Type of volunteer work desired:

- Clerical/Computer/Office Parks/ Maintenance Outdoor Activities
 Public Relations Program Coordination Food Preparation
 Special Events Youth Development / Education Other

If other please specify:

AVAILABILITY HOURS	MON	TUES	WED	THURS	FRI	SAT	SUN

Total desired hour commitment is _____ hours per _____ until _____ Available Start Date: _____

Employment Background (briefly describe your current working situation):

Hobbies & Special Interests:

Certifications: WA Driver's License, First Aid/CPR, Food Handlers
 Other Special Skills, Professional Licenses, and/or Certifications:

Criminal Background

All applicants will be required to pass a background check through the Washington State Patrol. Do you agree to this? YES NO

Have you ever been convicted of a crime? YES NO If yes, please explain:
 (If no, skip to Education Section)

If yes, were findings against you made in any civil adjudicative proceedings? YES NO If yes, please explain:

If yes, have both a conviction and findings been made against you? YES NO If yes, please explain:

For further information regarding Volunteer Programs please contact eboyd@cityofbuckley.com

Education

High School: Address:
From: To: Did you graduate? YES NO Degree:

College: Address:
From: To: Did you graduate? YES NO Degree:

Other: Address:
From: To: Did you graduate? YES NO Degree:

References

Please list three professional references.

Full Name: Relationship:
Company: Phone: ()
Address:

Full Name: Relationship:
Company: Phone: ()
Address:

Full Name: Relationship:
Company: Phone: ()
Address:

Release of Liability & Confidentiality Agreement

I, _____, hereby release and agree to hold harmless the Buckley Youth Activity Center, its members, affiliates, and employees or board members of any and all liability that could possibly be incurred as a result of my negligence, intentional or unintentional, during the commission of my responsibilities as a volunteer for the Buckley Youth Activity Center. I authorize the Buckley Youth Activity Center to conduct a background check through the Washington State Patrol and/or FBI to determine my suitability to volunteer around youth or vulnerable populations in the City. I authorize the Buckley Youth Activity Center to keep the contents of the background check confidential from every person, including me. I hereby release the Buckley Youth Activity Center from any claim I may have against it for using the information to make a decision about my suitability to volunteer. Hereby release every person who gives the Buckley Youth Activity Center information about me from any claim I may have arising out of providing background information, and I waive any such claim.

Additionally I agree to the following:

- My role is as a volunteer, and, as such, I will receive no financial reimbursement for services rendered.
- I have either completed the required training and have been made aware of the assigned duties or am currently registered for volunteer orientation.
- I will bring to the attention of the Buckley Youth Activities Center staff any information or questions that arise of a legal nature.
- I recognize that any and all information shared with me as part of my duties as a volunteer is confidential and shall not be divulged to unauthorized individuals, agencies, or organizations.
- I will not copy, transcribe, record, or memorize confidential information in any manner, nor disclose or use such information for any purpose other than for the limited purpose of providing the assigned services at the Buckley Youth Activity Center.

Signature

Date

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