

City of Buckley Community Services 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: (____) _____ - _____
 Social Security Number: _____ 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 ☐ Senior Program Coordination
☐ Public Relations ☐ Adult Program Coordination ☐ Food Preparation
☐ Special Events ☐ Youth Development / Education / Programming ☐ Other

If other please specify:

AVAILABILITY	MON	TUES	WED	THURS	FRI	SAT	SUN
HOURS							

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 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: _____

Past Addresses (previous three years)

Address: _____
 Physical Address Apartment/Unit #
 City State ZIP Code
 Address: _____
 Physical Address Apartment/Unit #
 City State ZIP Code

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

Address: _____
 Physical Address Apartment/Unit #

Address: _____
 City State ZIP Code

Address: _____
 Physical Address Apartment/Unit #

Address: _____
 City State ZIP Code

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 Activities, Buckley Senior Citizens, City of Buckley, their 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 Activities, Buckley Senior Citizens, and/or City of Buckley. I authorize Buckley Youth Activities and/or Buckley Senior Citizens to conduct a background check through the Washington State Patrol and/or FBI to determine my suitability to volunteer around youth, seniors, or vulnerable populations in the City. I authorize the Buckley Youth Activities and/or Buckley Senior Citizens 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. I hereby release every person who gives the Buckley Youth Activities, Buckley Senior Citizens, or City of Buckley 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 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.

Signature _____

Date _____