

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:

<input type="checkbox"/> Clerical/Computer/Office	<input type="checkbox"/> Parks/ Maintenance	<input type="checkbox"/> Senior Program Coordination
<input type="checkbox"/> Public Relations	<input type="checkbox"/> Adult Program Coordination	<input type="checkbox"/> Food Preparation
<input type="checkbox"/> Special Events	<input type="checkbox"/> Youth Development / Education / Programming	<input type="checkbox"/> 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 # _____

Address:

Physical Address _____ State _____ ZIP Code _____

Physical Address _____ Apartment/Unit # _____

City _____ State _____ ZIP Code _____

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

