

# 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 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 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](mailto:jbevaart@cityofbuckley.com)

Address: \_\_\_\_\_  
 Physical Address Apartment/Unit #

City State ZIP Code

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Address: \_\_\_\_\_  
 Physical Address Apartment/Unit #

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 \_\_\_\_\_