



Pierce County Parks & Recreation Services

9112 Lakewood Drive SW

Lakewood, WA 98499

(253)798-4176

Date Received: _____

VOLUNTEER APPLICATION

Dear Applicant:

Pierce County Parks and Recreation operates a volunteer program that provides services organization-wide. The purpose of the program is to enable the County 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 county services. The intent is to also provide a program which involves interested residents in local government while providing them the opportunity to perform work of value to the community.

This volunteer application is designed to give applicants an opportunity to share their background, experience, interests, and skills, enabling our department to make the best possible volunteer placement.

Thank you.

Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Work _____

Email _____

Are you over the age of 18? Y N _____ If not, give date of birth ____/____/____

Do you possess a valid Washington State Driver's License? Y N _____

WA State Driver's License or ID Card # _____

Exp. Date _____

VOLUNTEER INTEREST

Please check the volunteer opportunities you are interested in:

- | | | |
|---|--|--|
| <input type="checkbox"/> Youth Sports Coach | <input type="checkbox"/> Trail Maintenance | <input type="checkbox"/> Companionship Program |
| <input type="checkbox"/> Special Events | <input type="checkbox"/> Park Maintenance | <input type="checkbox"/> Park/Trail Project |
| <input type="checkbox"/> Summer Day Camps | <input type="checkbox"/> Cooperative Play | <input type="checkbox"/> Other |

If Other, please explain _____

PURPOSE FOR VOLUNTEERING

Please check the box of one of the following that best relates to the reason you would like to volunteer:

- An education requirement for K-12
- An education requirement for college or technical school
- A court ordered requirement for community service
- A project requirement for Eagle Scouts or a Service Group (Please attach a description of the proposed project)
- Community Spirit (wanting to give something back to the community)

VOLUNTEER AVAILABILTY & SKILLS

Circle the days you can be available for volunteer work:

Sunday / Monday / Tuesday / Wednesday / Thursday / Friday / Saturday

Preferred work hours: _____ to _____

Please list any special skills/expertise, training, interests, or hobbies that you have that may be useful to Pierce County Parks and Recreation Services.



VOLUNTEER APPLICATION

EDUCATION

Circle highest grade completed:

Grade School	6	7	8	High School	9	10	11	12	or	GED
College	1	2	3	4	Beyond:					

WORK EXPERIENCE - (start with most recent) Please feel free to attach a resume in lieu of completing this section

Employer	Position/Duties	From/To

PREVIOUS VOLUNTEER WORK - (start with most recent) Please feel free to attach additional sheets if necessary.

Organization Name	Volunteer Position/Duties	From/To

REFERENCES - Please list two references other than family members

Name _____
Street Address _____
City/State/Zip _____
Work Phone _____
Home Phone _____

Name _____
Street Address _____
City/State/Zip _____
Work Phone _____
Home Phone _____

MEDICAL

Do you have medical condition, physical or emotional, that might limit the type of work you can do? Y N

If yes, please describe the limitations: _____

EMERGENCY INFORMATION

In case of emergency, contact:

Name:	Relationship:
Work Phone:	Home Phone:



CONFIDENTIAL

BACKGROUND CHECK AUTHORIZATION

**REQUEST FOR CRIMINAL HISTORY INFORMATION
CHILD/ADULT ABUSE INFORMATION ACT
RCW 43.43.830 THROUGH 43.43.845**

Washington State law requires us to conduct a background check on volunteers who will or may have unsupervised access to children under sixteen years of age, developmentally disabled persons, or vulnerable adults. Our volunteers work in a variety of different programs that may bring them into contact with these individuals. Therefore, we ask every volunteer/employee to provide the necessary information to conduct the background check.

By completing this form, be aware that Pierce County Parks and Recreation will be running a background check on you with the information provided through a national database.

Your application, any information you provide, and the results of the background check are kept confidential. We appreciate your cooperation and are happy to answer your questions.

APPLICANT OF INQUIRY

Print Name: _____
(First name) (Middle name) (Last name)

Former Name(s) and Dates Used: _____

Social Security Number: _____ DOB _____

Telephone Number: _____ Drivers License Number/State: _____

Have you been convicted of a felony or released from prison within the last seven (7) years, or have you been convicted of a misdemeanor other than minor traffic offenses within the past three (3) years? **Y N**

If yes, please explain _____

(Conviction will not automatically bar you from volunteering. Relevance to assignment will be considered.)

The information contained in this application is correct to the best of my knowledge. I hereby authorize Pierce County Parks and Recreation Services and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to the following areas: verification of social security number; current and previous residences; and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions' driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency to divulge any and all information, verbal or written, pertaining to me, to Pierce County Parks and Recreation Services or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, fir, corporation, or public agency may have, to include information or data received from other sources.

Pierce County Parks and Recreation Services and its designated agents and representatives shall maintain all information received from the authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

Signature: _____ **Date:** _____

Parent/Guardian (if under 18 years of age): _____



Lakewood Community Center
9112 Lakewood Drive S.W.
Lakewood, Washington 98499-3998
(253) 798-4176 • FAX (253) 582-7461
www.piercecountywa.org/parks

Waiver of Liability

Pierce County Parks & Recreation

In consideration of voluntary participation in activities occurring on properties owned by Pierce County, whether sponsored by Pierce County or others, I hereby for myself, my heirs, executors, assigns and personal representatives, forever waive and release any and all claims for damages I now or may hereafter have, whether now known or unknown, against Pierce County, its elected officials, employees, agents, and volunteer workers, for any injuries suffered in connection or arising out of participation in said activities. I understand and agree that Pierce County will not provide workers' compensation benefits for any injuries or illnesses which I might suffer as a result of my participation in the above activity. I also understand that I will be volunteering my time to work on these projects and therefore will not be compensated monetarily or otherwise by Pierce County.

A parental signature is required for those volunteers younger than age 18.

Date _____

Participant Name _____
(Please print)

Signature _____

Street address _____

City and Zip Code _____

Signature of Parent
or Guardian _____
(Required for participants under the age 18)

Emergency Phone _____

Emergency Contact Person _____