



# Kent Senior Activity Center Application for Volunteer Services

Thank you for considering the City of Kent Parks and Recreation Department for volunteer service. To best serve your interests and the interests of our participants, we request that you complete the following application and attached Washington State Background check form. These programs would not be possible without you. We appreciate your dedication to the community and look forward to working with you.

Name \_\_\_\_\_

(Last)

(First)

(Middle Initial)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Do you have a Valid Driver's License  Yes  No

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Email Address \_\_\_\_\_

CPR Certified?  Yes  No First Aid Certified?  Yes  No Card Expiration \_\_\_\_\_

Do you have any special requirements or medical conditions that the Parks Department should be aware of while you are a volunteer?  Yes  No

If Yes, please describe:

How long have you lived in Washington State? \_\_\_\_\_ Years \_\_\_\_\_ Months

Have you been convicted of a misdemeanor (excluding traffic) within the past 3 years?  Yes  No

Have you ever been convicted of a felony?  Yes  No

Have you ever been convicted of crimes related to controlled substances?  Yes  No

Have you ever been convicted or have an arraignment pending of any criminal sex offenses?  Yes  No

Have you ever been convicted or have an arraignment pending for any criminal assault charges?  Yes  No

In What Particular Areas of Volunteer Work Are You Interested?

What General Skills/Experience/Education Would You Like to Share in Your Volunteer Work?

### **REFERENCES (Do Not List Relatives)**

Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Preferred Days and Times to Volunteer  Monday  Tuesday  Wednesday  Thursday  Friday  
 Morning  Afternoon  Evening

**PURPOSE:** The purpose of this Agreement is to outline the responsibilities of the City in providing volunteer opportunities, and to create an understanding between the City and the Volunteer. This Agreement shall apply to persons and organizations voluntarily performing non-compensated services for the City, including but not limited to, practical work experience, recreational programs, senior programs, police resource centers, and academic internships.

**AGREEMENT FOR NON-COMPENSATED SERVICES:** Volunteers agree to abide by all relevant City policies and procedures and to perform the volunteer services in a safe, responsible manner in accordance with the description of service. It is further understood that this Agreement shall not in any way constitute nor create an employer/employee relationship between the City and the Volunteer. The City shall not be responsible for, or liable for, nor shall the applicant be eligible to receive, any compensation or benefits as a result of this Agreement **EXCEPT** for State Labor and Industries Industrial Insurance medical aid coverage.

I as an individual agree to the following:

- I am not to appear for volunteer service under the influence of any drugs or alcohol;
- If I drive a vehicle to the volunteer site or during the course of volunteer work, my personal vehicle insurance provides coverage;
- Should an injury occur during the scope of my service, the City has included my hours of volunteer service in the State Labor and Industries coverage for volunteer workers.
- I understand that I am to report any on-the-job injury, no matter how minor, to a City of Kent representative.
- In the event of any emergency during my volunteer service, if no City personnel are present, I will contact 911. Further, any injuries incurred during the event shall be reported to the City within two working days of the injury.

**BACKGROUND CHECKS:** (To be used for volunteers who will have unsupervised access to children, developmentally disabled persons, or vulnerable adults, or who will be working with confidential information.) I consent to the City performing a background check into my history in accordance with RCW 43.43.830-839 and waive any right of privacy I may have in such information for the limited purpose of the City considering it for determining my suitability as a volunteer.

**WAIVER & HOLD HARMLESS:** I am fully aware that the work association with being a City Volunteer involves possible risk of serious injury or death. I fully understand these potential risks but am willing to assume all risk of injury or harm to myself in consideration of being able to participate as a City Volunteer. I also hereby individually and on behalf of my heirs, executors and assignees, release and hold harmless the City, its officials, employees, and agents, and waive any right of recovery that I might have to bring a claim or lawsuit against them for any harms I may suffer that arise out of my volunteer activities.

I give permission to have my photo taken and used for publicity purposes by the City. I authorize any necessary emergency medical treatment that might be required for me in the event of physical injury and/or accident to me while participating in this program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*If under 18 Parent/Guardian's*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Please return to:  
City of Kent Customer Service  
600 E Smith Street  
Kent, WA 98030  
253-856-5150  
or SeniorActivityCenter@KentWA.gov

<b>FOR OFFICE USE ONLY:</b>
Date Form Received _____
Background Check _____
Date Assigned _____
Duty _____



**Washington State Patrol &  
The United States Government  
Department of Justice NSOPW**



**Request for Criminal History Information  
Child/Adult Abuse Information Act  
RCW 43.43.830 Through 43.43.845**

Applicant's information will be run against the WSP Watch Online Database as well as the United States Government Department of Justice NSOPW Online Database.

**Applicant of Inquiry (Please Print)**

**Applicant Name:** \_\_\_\_\_  
Last First Middle

**Alias/Maiden Name(s):** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **Race:** \_\_\_\_\_  
Month/Day/Year M or F

I understand that the City of Kent will be checking my criminal and child/adult abuse history with the Washington State Patrol and the United States Government Department of Justice NSOPW.

\_\_\_\_\_  
**Signature of Applicant**

**Applicant Additional Information**

**Program:** \_\_\_\_\_

**Role in Program (circle):** Volunteer Head Coach Assistant Coach  
Official Instructor Other \_\_\_\_\_

**Applicant Contact Number:** \_\_\_\_\_

**Department Information**

**Department:** \_\_\_\_\_

**Program Coordinator:** \_\_\_\_\_

**Contact Number:** \_\_\_\_\_

