



APPLICATION FOR VOLUNTEER SERVICES

525 Fourth Avenue North • Kent, Washington 98032
Phone: (253)856-5000 • Fax: (253)856-6000 • Website: www.KentWA.gov

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.

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.
- My primary duties involve coaching youth. I understand that I must use my best judgment to insure that I am fair, show patience, provide communication to the youth and parents/guardians, and realize that my actions and behavior will have a lasting impression to the youth I am coaching.

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.

Signature

Date

(Over)

Personal Data

Name: _____
(Last) (First) (Middle Initial)

Address: _____

City: _____ State: _____ Zip: _____

() _____ () _____ () _____
Home Phone Work Phone Message Phone

Emergency Contact _____ Relationship _____ Phone _____

Email Address: _____

CPR Certified? Yes No First Aid Certified? Yes No Card Expiration _____

1. 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: _____

2. Have you ever been convicted of a misdemeanor other than a traffic offense within the last three (3) years?

Yes No If Yes, please describe: _____

3. Have you ever been convicted of any felony?

Yes No If Yes, please describe: _____

4. Have you ever been convicted of crimes related to controlled substances?

Yes No If Yes, please describe: _____

5. Have you ever been convicted or have an arraignment pending of any criminal sex offenses?

Yes No If Yes, please describe: _____

6. Have you ever been convicted or have an arraignment pending for any criminal assault charges?

Yes No If Yes, please describe: _____

7. When the City of Kent performs a WSP Criminal History Background Check on you will there be any questionable entries that may require clarification?

Yes No If Yes, please describe: _____

Additional Comments: _____
