



City of Marysville Volunteer Application

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

Last Name:		First Name:		M.I.
Street Address:		City:	State:	Zip:
Home Phone:		Work:	Email:	
Are you over the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, give date of birth:	Do you have, or can you obtain, a valid Washington State Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No	WA state Driver's License or ID Card # _____ Exp. Date: _____	
AVAILABILITY <input type="checkbox"/> Long-term <input type="checkbox"/> Short-term <input type="checkbox"/> Special Project Circle the Days You Can Be Available for Volunteer Work: Sunday / Monday / Tuesday / Wednesday / Thursday / Friday / Saturday			Are you currently certified in CPR? <input type="checkbox"/> Yes <input type="checkbox"/> No First Aid? <input type="checkbox"/> Yes <input type="checkbox"/> No	

WHAT AREA(S) DO YOU WISH TO VOLUNTEER?

- | | | | |
|---------------------------------------|---|--|--|
| <input type="checkbox"/> Office | <input type="checkbox"/> Cultural Arts Programs | <input type="checkbox"/> Senior Programs | <input type="checkbox"/> Outdoor/Environmental Programs |
| <input type="checkbox"/> Day Camps | <input type="checkbox"/> Pre-School Programs | <input type="checkbox"/> Special Events | <input type="checkbox"/> Structural Maintenance |
| <input type="checkbox"/> Athletics | <input type="checkbox"/> Special Needs Programs | <input type="checkbox"/> Festivals | <input type="checkbox"/> Court Appointed Community Service |
| <input type="checkbox"/> Coach | <input type="checkbox"/> Service Hours for School | <input type="checkbox"/> Park Improvements | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Horticulture | <input type="checkbox"/> Eagle Scout Project | | |

VOLUNTEER/WORK HISTORY

Volunteer/Work/Organization Name: _____

Address: Phone: _____

To: _____ From: _____ Supervisor: _____

Reason for leaving: _____

Primary Duties: _____

Volunteer/Work/Organization Name: _____

Address: _____

To: _____ From: _____ Supervisor: _____

Reason for leaving: _____

Primary Duties: _____

CRIMINAL CONVICTIONS

Have you been convicted of a felony or released from prison within the last ten (10) years, or have been convicted of a misdemeanor other than minor traffic offenses within the past three (3) years? ☐ YES ☐ NO

If Yes, Please Explain: _____

Do You Have Any Medical Conditions Physical or Emotional That Should Be Taken Into Consideration in Arranging Volunteer Assignments? ☐ YES ☐ NO If Yes, Please Explain:

EMERGENCY INFORMATION

In Case of Emergency Please Contact: _____ Phone: _____

Notice to Volunteers

Volunteers are not considered to be City of Marysville employees. Volunteer services are performed without compensation. Injury Compensation is provided through the Department of Labor & Industries. Volunteer service is considered to be creditable work experience. The data furnished on this form is furnished voluntarily and will be used to contact, interview and place volunteers.

SIGNATURE IS REQUIRED

To the best of my knowledge, the information herein is true and complete. I understand that falsification of this application is grounds for dismissal as a volunteer. Further I give permission for an authorized representative of the City to inquire of individuals about my ability to perform all aspects of the volunteer position for which I am being considered and I release the City of Marysville and those individuals/institutions that provide information from any liability that may arise from the provision of this information.

As a volunteer for the City of Marysville, I am fully aware that the work associated with being a City Volunteer involves certain risks of physical injury or death. Being fully informed as to these risks and in consideration of my being allowed to participate in the City's Volunteer Program, I hereby assume all risk of injury, damage and harm to myself arising from such activities or use of City or Marysville/Lakewood School District facilities. I also hereby individually and on behalf of my heirs, executors and assignees, release and hold harmless the City of Marysville, its officials, employees and agents and waive any right of recovery that I might have to bring a claim or a lawsuit against them for any personal injury, death or other consequences occurring to me arising 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 or Guardian's

Signature: _____ Date: _____

CHILD AND ADULT ABUSE INFORMATION DISCLOSURE STATEMENT

State law (RCW 43.43) provides that the City of Marysville must require applicants for City jobs and volunteer positions to provide certain information to the City prior to employment or involvement with the City. This information will be kept confidential.

Please disclose the following:

1. Have you ever been convicted of a crime against persons? YES____ NO____

(For purposes of this section, crimes against person means the conviction of any of the following offenses: aggravated murder, first or second or third degree assault or kidnapping, first, second or third degree rape, first, second or third degree statutory rape, first, second or third degree robbery, first degree arson, first degree burglary, first or second degree manslaughter, first or second degree extortion, indecent liberties, incest, vehicular homicide, first degree promotion prostitution, communication with a minor, unlawful imprisonment, simple assault, sexual exploitation of minors, first or second degree mistreatment, or any of these crimes as they may be renamed in the future. See RCW 43.43.830 for a complete list of crimes.)

2. Have you been found in a dependency action under RCW 13.34.030 (2) (b) to have sexually assaulted or exploited any minor or to have physically abused any minor? YES____ NO____

3. Have you ever been found by a court in a domestic relations proceeding under Title 26 RCW to have sexually abused, exploited, or to have physically abused any minor? YES____ NO____

4. Have you ever been found in any disciplinary board final decision to have sexually abused or exploited any minor or to have physically abused any minor? YES____ NO____

(For purposes of this section, a disciplinary board final decision means any final decision issued by the disciplinary board or the Director of the Department of Licensing for the following businesses: Chiropractic, dentistry, dental hygiene, drugless healing, massage, midwifery, osteopathic, physical therapy, physician, practical nursing, psychology; and real estate brokers and salesman).

If your answer is yes to any of the above questions, provide the date and location of all such findings.

FINDINGS

DATE

COUNTY & STATE

NOTICE: The information you have provided will be processed through the Washington State Patrol Criminal Identification Unit for a Records Examination to determine if you have any convictions of offenses against persons adjudications or child abuse in civil actions or disciplinary board final decisions. A copy of the State Patrol's response will be made available within ten (10) working days of receipt by the City of Marysville.

UNDER PENALTY OF PERJURY, I certify that the above information is true, correct and complete. I grant permission to the City of Marysville to make an inquiry to the Washington State Patrol under the provisions of this law. I understand that if I am given a volunteer assignment, I can be discharged for any misrepresentation or omission in the above statement. I also understand that if I am assigned, my position is conditioned on your receipt of a satisfactory report from the Washington State Patrol.

Signature

Name (Print)

Address Here: _____

WASHINGTON STATE PATROL

Identification and Criminal History Section
PO Box 42633, Olympia WA 98504-2633



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

(A) REQUESTING AGENCY/ADDRESS <u>City of Marysville</u> Agency <u>Connie Messerly</u> Attn <u>1049 State Ave</u> Address <u>Marysville, WA 98270</u> City/State/Zip I certify this request is made pursuant to and for the purpose indicated. <table><tr><td>_____ Authorized Signature</td><td>_____ Date</td></tr><tr><td>_____ Title</td><td>() Area Code/Phone Number</td></tr></table>	_____ Authorized Signature	_____ Date	_____ Title	() Area Code/Phone Number	(B) PURPOSE Check appropriate box <input type="checkbox"/> Educational School District (ESD)/School District Volunteer – no fee <input type="checkbox"/> Non-Profit Business/Organization – no fee (Excluding Schools & ESD's) <input type="checkbox"/> Profit Business/Organization - \$17 <input type="checkbox"/> Adoptive Parent - \$17 <input checked="" type="checkbox"/> Receive background results electronically Email address _____ Password _____ (must be at least 8 characters) Fees: Make payable to Washington State Patrol by check, money order, or business account. Notary letters certifying the results are available upon request (available by mail only). There is an additional \$10.00 processing fee per notary seal. _____ Notarized Letter(s)
_____ Authorized Signature	_____ Date				
_____ Title	() Area Code/Phone Number				

(C) APPLICANT OF INQUIRY (Please provide as much information as possible; name and date of birth are mandatory.) Applicant's Name: _____ Last First Middle Alias/Maiden Name(s): _____ Date of Birth: _____ Sex: _____ Race: _____ Month/Day/Year Secondary dissemination of this criminal history record information response is prohibited unless in compliance with statute.

(D) WASHINGTON STATE PATROL IDENTIFICATION & CRIMINAL HISTORY SECTION As of this date, the applicant named below has no record pursuant to RCW 43.43.830 through 43.43.845. <u>City of Marysville</u> Requesting Agency _____ Applicant's Signature _____ Applicant's Name _____ Address _____ City/State/Zip	WSP Use Only <div style="border: 1px solid black; height: 80px; width: 100%;"></div> Applicant Right Thumb Print (Optional) <div style="border: 1px solid black; height: 80px; width: 100%;"></div>
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