

City of Richland Volunteer Application

Date Received _____

The City of Richland 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.

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

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

Address: _____
City: _____ State: _____ Zip: _____

Home Phone: () Message: () 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
 Long-term Short-term 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? Yes No
First Aid? 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?

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: _____

REFERENCES (Do Not List Relatives)

Name: _____ Address: _____ Phone: () _____
Name: _____ Address: _____ Phone: () _____
Name: _____ Address: _____ Phone: () _____

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:

In Case of Emergency Please Contact: _____ Phone: () _____

Notice to Volunteers

Volunteers are not considered to be City of Richland employees. 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 conduct a state patrol criminal background check in accordance with RCW 43.43.830-839 and 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 Richland 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 Richland, 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 facilities. I also hereby individually and on behalf of my heirs, executors and assignees, release and hold harmless the City of Richland, 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: _____

AGREEMENT FOR INDIVIDUAL VOLUNTEER SERVICES

This Agreement is made, by and between the City of Richland, a political subdivision of the State of Washington hereinafter referred to as the "City" and _____ hereinafter referred to as the "Volunteer."
(print name)

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 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: The Volunteer agrees to abide by all relevant City policies and procedures and to perform the volunteer services in a safe, responsible manner in accordance with the descriptions 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, nor 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.

In consideration of the City giving me permission to perform these volunteer services, I understand that:
(Please initial the following)

_____ I am not to appear for volunteer service under the influence of any illegal drugs or alcohol. The Volunteer agrees to inform the supervisor at the beginning of the shift if taking any over-the-counter or prescription medications which may impair the ability to perform volunteer duties.

_____ I am not to have child(ren) with me, during my volunteer activities, that are under 14 years of age. If I do bring with me any child(ren) under 14 years of age (**which is a violation of this agreement**), I understand I will be held solely liable, and assume all risk of liability, for my child(ren)'s actions and agree to hold the City harmless from any and all such related claims against the City; except for injuries and damages caused by the sole negligence of the City.

_____ I will abide by all City policies regarding personal conduct while performing volunteer services.

_____ I agree not to go beyond the scope of volunteer work agreed to without authorization.

_____ I am to be trained on any activity that I am unfamiliar with, learn the corresponding policies, and it is my responsibility to understand them completely or ask questions until I feel confident to perform them.

_____ Depending on the scope of volunteer work, the following policies may apply: Driving, Safety Procedures, Computer Operation, Dress Code, Anti Harassment, Confidentiality

_____ 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 or illness, no matter how minor, to __Jeanette Mercier, Volunteer Coordinator_____
_____.

BACKGROUND CHECKS: 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. (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.)

TERMINATION: I understand that I or the City may terminate this agreement at any time without cause, and that I am volunteering my services at will and may be asked to discontinue such without prior notice or reason.

WAIVER & HOLD HARMLESS: 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 facilities. 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 a lawsuit against them for any personal injury, death or other consequences occurring to me arising out of my volunteer activities.

LIABILITY COVERAGE: I understand that the City is self insured through the Washington Cities Insurance Authority (WCIA) for liability coverage. Volunteers performing within the scope of their assigned duties as authorized by the City are afforded the same coverage as City employees under the City’s liability coverage with WCIA. I am fully aware that a volunteer’s intentional misconduct is not protected or covered by the City or WCIA.

This agreement will be in effect for the duration of my volunteer services beginning this date.

Dated this _____ day of _____, 20 _____.

By: _____
City of Richland

Volunteer's Signature

Address

City/State/Postal Code

Phone

Notification and Authorization for Background Investigation Disclosure Statement

In compliance with RCW 43.43.830-845, all applicants who have been offered a position as a volunteer, and in which position the person may have unsupervised access to children under sixteen years of age, to be developmentally disabled persons, or to vulnerable adults, are required to disclose the following information:

1.	<p>Have you ever been convicted of any crime against children or other persons*?</p> <p><i>* Crime against children or other persons means a conviction of any of the following offenses: Aggravated murder; first or second degree murder; first or second degree kidnapping; first, second, or third degree assault; first, second, or third degree assault of a child; first, second, or third degree rape; first, second, or third degree rape of a child; first or second 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 promoting prostitution; communication with a minor; unlawful imprisonment; simple assault; sexual exploitation of minors; first or second degree criminal mistreatment; endangerment with a controlled substance; child abuse or neglect as defined in RCW 26.44.020; first or second degree custodial interference; first or second degree custodial sexual misconduct; malicious harassment; first, second, or third degree child molestation; first or second degree sexual misconduct with a minor; patronizing a juvenile prostitute; child abandonment; promoting pornography; selling or distributing erotic material to a minor; custodial assault; violation of child abuse restraining order; child buying or selling; prostitution; felony indecent exposure; criminal abandonment; or any of these crimes as they may be renamed in the future.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	<p>Have you been convicted of crimes relating to financial exploitation where the victim was a vulnerable adult?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	<p>Have you been found in any dependency action under RCW 13.34.040 to have sexually assaulted or exploited any minor or to have physically abused any minor?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	<p>Have you been found by a court in a domestic relations proceeding under Title 26 RCW to have sexually abused or exploited any minor or to have physically abused any minor?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	<p>Have you been found in any disciplinary board final decision to have sexually or physically abused or exploited any minor or developmentally disabled person, or to have abused or financially exploited a vulnerable adult?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	<p>Have you been found by a court in a protection proceeding under Chapter 74.34 RCW, to have abused or financially exploited a vulnerable adult?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

If the Answer is Yes to any of the previous questions, please describe the location, date and facts of the conviction and make reference to the question being answered:

The City of Richland shall make an inquiry to the Washington State Patrol regarding an applicant's conviction record, disciplinary board final decision, or civil adjudication record. Applicants will be notified by the State Patrol's response within ten working days of receipt of this information by the City of Richland . A copy of the response will be made available to the applicant.

I acknowledge that I have read the entire Notification and Authorization for Background Investigation Disclosure Statement, that I understand the requirements, and I grant permission to the City of Richland to make an inquiry to the Washington State Patrol under the provisions of this law. Pursuant to RCW 9A.72.085, I certify that under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Applicant's Signature	Social Security Number
Applicant's Name (print)	Date of Birth
Today's Date	Birth Place

City of Richland witness
