

Date Received

Town of Steilacoom Volunteer Application

The Town of Steilacoom operates a volunteer program that provides services organization-wide. The purpose of the program is to enable the Town 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 Town 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 Town 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? Yes No
If not, give date of birth: _____
Do you have, or can you obtain, a valid Washington State Driver's License? Yes 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

Note: Some positions may require the Town to investigate criminal convictions relative to the applicant's fitness to perform the job for which they are applying. Such convictions may not necessarily bar the applicant from employment with the Town.

REFERENCES (Do Not List Relatives. List Daytime Phone Numbers As Contacts Will Be Made 8:00 A.M. – 2:30 P.M.)

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

Can you perform the essential functions of the position applied for with or without reasonable accommodation?
 YES NO

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

Notice to Volunteers

Volunteers are not considered to be Town of Steilacoom 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 Town to conduct a criminal background check 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 Town of Steilacoom and those individuals/institutions that provide information from any liability that may arise from the provision of this information.

As a volunteer for the Town of Steilacoom, I am fully aware that the work associated with being a Town 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 Town's Volunteer Program, I hereby assume all risk of injury, damage and harm to myself arising from such activities or use of Town facilities. I also hereby individually and on behalf of my heirs, executors and assignees, release and hold harmless the Town of Steilacoom, 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 Town. 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: _____