



City of Liberty Lake
22710 E Country Vista Drive
Liberty Lake, WA 99019

The City of Liberty Lake appreciates your interest in its VOLUNTEER PROGRAM.
 Please complete all the questions below. All information will be kept confidential.

Name _____ Date _____
 Street _____
 City _____ State _____ Zip _____
 Mailing Address (if different) _____
 Home Phone (_____) _____ Work Phone (_____) _____
 E-mail Address _____ Date of Birth (mo/dy/yr) ____/____/____
 Driver's License No. _____ State Issued _____ Expires _____
 Types of vehicles licensed to operate: _____

Reasonable Accommodations: Based on your understanding of the Volunteer Program, will you require any special accommodations to apply and/or participate as a volunteer? Yes No
 If yes, what reasonable accommodations would be necessary to assist you in this area?

Have you ever been convicted of a felony? Yes No

"A conviction shall include a plea, verdict, or finding of guilty. . ."

A conviction will not necessarily disqualify an individual from the Volunteer Program.

If yes, please state the nature of each offense, the date of conviction, and the disposition.

<u>Offense</u>	<u>Date</u>	<u>Disposition</u>
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Age Group: _____ Education (circle one): **Elementary** **Middle School** **High School**

Youth

College (circle one): 1 2 3 4 5 6 +

Adult

Degree(s): _____

Senior

Other: _____

Professional Memberships: _____

Foreign Languages: _____ Speak Read Write

_____ Speak Read Write

Specialized training/skills: _____

Office Skills: Typing _____ WPM Shorthand _____ WPM Word Processing _____ WPM

Other: _____

(Please complete both sides of this form)

Volunteer experience: _____

Areas of special interest: _____

Are you interested in a particular volunteer assignment? Yes No

If yes, please specify: _____

Please note the days and times you are available for volunteer assignments:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours							

I prefer: _____ Regular weekly _____ Short-term projects _____ Weekends/Evenings
_____ On-call assignments only _____ Open-ended projects

In Case of Emergency:

Whom Should We Notify? _____
Name Relationship to Applicant

Home Phone: _____ Work Phone: _____

Physician's Name: _____ Phone: _____

Any medical history that we should be aware of in case of emergency? (Allergies, medications, etc.)

**City of Liberty Lake
Volunteer Agreement**

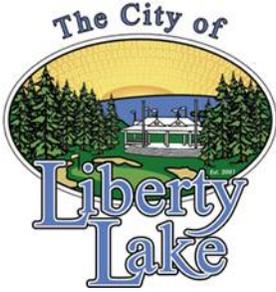
I certify that all statements on this application are true and complete to the best of my knowledge. I hereby authorize the City of Liberty Lake to investigate any information contained in this application. I understand that false or misleading statements shall be sufficient grounds for disqualification from the City's Volunteer Program. Further, I understand that as a Volunteer, I am offering my services of my own free will without any expectation of compensation, benefits, or insurance of any kind.

I voluntarily agree to participate, or for my child to participate, in this program. I hereby waive, release, and hold harmless from any liability or claims for damages for personal injury, including death, as well as from claims for property damage which may arise in connection with the above named activity, against the supervisor, the City of Liberty Lake and its elected and appointed officials, agents, and employees. By participating in the herein mentioned program, I or my child understands the potential risk for injury. As parent/guardian, I hereby consent to treatment of my minor child for any and all medical procedures deemed necessary, as a result of accident or injury. I further agree to pay any and all costs incurred as a result of said treatment. I hereby give permission to the City of Liberty Lake to use my, or my children's photographs, as they see fit in their recreation brochure or other advertising. I understand the photograph belongs to the City of Liberty Lake and I will not receive payment of any kind.

I hereby agree to the Volunteer Agreement set forth on this _____ day of _____, 20_____.

Volunteer Signature: _____

Parent/Guardian Signature (if minor): _____



CITY OF LIBERTY LAKE
22710 E Country Vista Drive
Liberty Lake, WA 99019
Phone: 509-755-6700
Fax: 509-755-6713

Volunteer Background / Reference Check Authorization

I, the undersigned applicant for volunteer work with the City of Liberty Lake, Washington, and in consideration of the review of my volunteer application, do hereby give the City, or an independent third party investigating agency, authorization to conduct a complete investigation of my professional and personal background, including but not limited to the information contained in this application, credit, criminal, driving, interviews, and all information or documentation related therein. I authorize all individuals, schools, and firms named therein to provide any information requested about me.

I understand and agree to waive any and all claim(s) or cause(s) of action relating to or for the use of any and all information gained through this investigation or release of information and documentation, and promise to defend and hold harmless the City of Liberty Lake, Washington, its officers and employees from any and all claim(s) or loss(es) arising from such investigation and/or release of information or documentation.

It is my intention that any copy of this authorization shall be as effective as the original.

Printed Name _____
(First) (Middle) (Last)

Current Street Address _____

State _____ Zip _____

Date of Birth _____

Social Security Number _____

Volunteer Signature _____

Parent/Guardian Authorization for
Background Check of Minor _____

Date _____