



VOLUNTEER SERVICE APPLICATION

City of Monroe
 806 West Main Street
 Monroe, WA 98272-2198
 (360) 794-7400 Fax: (360) 794-4007
 www.monroewa.gov

Monroe Police Department
 818 West Main Street
 Monroe, WA 98272-2198
 (360) 794-6300 Fax: (360) 794-3129

The City of Monroe operates a volunteer program that provide services organization-wide. The purpose 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 with 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.

First Name (Full Legal Name):		Last Name:	Middle Name:
Alias name(s) used within last 7 years:			
Street Address:		City, State	Zip:
Additional Previous Addresses within last 7 years:			
Phone Number:	Email Address:		

Are you over the age of 18? Yes No

Are you currently certified in: CPR First Aid Expiration Date: _____

Availability: Long-Term Short-Term Special Project
 Sunday Monday Tuesday Wednesday Thursday Friday Saturday

In what particular areas of Volunteer work are you interested? (i.e. administrative, parks, TEAM, Wiggly Field, JVM Garden, Emergency Management Office, etc.)

What general skills/experience/education would you like to share in your volunteer work?

References (do not list relatives)					
Name:		Address:		Phone:	
Name:		Address:		Phone:	
Name:		Address:		Phone:	

In case of emergency, please contact:					
Name:		Address:		Phone:	

NOTICE TO VOLUNTEERS

Volunteers are not considered to be City of Monroe employees. Injury compensation is provided through the Department of Labor and 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 my permission for an authorized representative of the City of Monroe to conduct a national background check in accordance with RCW 43.43.830-845 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 Monroe 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 Monroe, I am fully aware that the work associated with being a City of Monroe 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 Monroe, 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. Yes No

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. Yes. No

Applicants who may be offered positions as employees or volunteers for positions that involve access to children or vulnerable adults as defined in RCW Ch. 43.43 are hereby notified that the City of Monroe may make an inquiry to a third-party agency to conduct a national background check as described in RCW Ch. 43.43. Additionally, if you are seeking a position as an employee or a volunteer where you will or may have unsupervised access to children under 16 years of age or developmentally disabled persons or vulnerable adults during the course of your employment or involvement with the City of Monroe.

Have you had findings made against you in any civil adjudicative position (e.g. by a judge or an administrative agency) as defined in RCW 43.43.830 (relating to domestic violence, abuse, sexual abuse, neglect, or exploitation or financial exploitation of a child or vulnerable adult) Yes No

If yes, please explain:

Been convicted of a crime and had findings entered against you in any civil adjudicative proceeding as defined in RCW 43.43.830 Yes No

If yes, please explain:

If you are uncertain as to whether you should answer "yes" to any of the above questions, or if you need definitions of any of the terms used in RCW 43.43.830, please explain why you are uncertain and explain what terms you need to have defined:

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY THAT THE INFORMATION ON THE FOREGOING APPLICATION IS TRUE AND CORRECT.

Signature

Date

If under 18, parent or guardian's:

Signature

Date