



**MARYSVILLE**  
WASHINGTON

# Volunteer Application

The City of Marysville operates an organization-wide volunteer program to utilize the extraordinary reserve of knowledge, talent and skill possessed by individuals in our community to perform work of value within our city while providing meaningful volunteer experiences.

Last Name:		First Name:		M.I.
Street Address:		City:	State:	Zip:
Phone:		Email:		
Are you over the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No  If not, birthdate: _____		Do you have a valid WA State Driver's License?  <input type="checkbox"/> Yes <input type="checkbox"/> No		WA State Driver's License or ID# _____  Exp. Date: _____
What's your availability? <input type="checkbox"/> Long-term <input type="checkbox"/> Short-term <input type="checkbox"/> Special Project  Circle when you are available to volunteer. Mon    Tue    Wed    Thu    Fri    Sat    Sun				Are you currently certified in  CPR? <input type="checkbox"/> Yes <input type="checkbox"/> No  First Aid? <input type="checkbox"/> Yes <input type="checkbox"/> No

Which program area(s) are you interested in?

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> Athletics     | <input type="checkbox"/> Day Camps     | <input type="checkbox"/> Office            | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Coaching      | <input type="checkbox"/> Environmental | <input type="checkbox"/> Park Improvements | <input type="checkbox"/> Special Needs  |
| <input type="checkbox"/> Cultural Arts | <input type="checkbox"/> Horticulture  | <input type="checkbox"/> Seniors           | Other: _____                            |

### Volunteer/Work Experience

Organization Name: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Have you been convicted of a felony or released from prison within the last ten (10) years or 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 physical or emotional medical conditions that should be considered when arranging volunteer assignments?  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Emergency contact person: \_\_\_\_\_ 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/guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Child and Adult Abuse Information Disclosure Statement

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

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.

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

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

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, 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.

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NOTICE: The provided information will be processed through the SSCI to determine if you have any convictions of offenses against persons adjudications or child abuse in civil actions or disciplinary board final decisions.

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 SSCI under the provisions of the 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 SSCI.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Address