



Name _____ Date _____

Address _____ City _____ State _____ Zip _____

Day Phone (_____) _____ Email _____

Are you over the age of 18? Y N If not, give date of birth _____

Do you possess a valid Washington State Driver's License? Y N

WA State Driver's License or ID Card # _____ Exp. Date _____

VOLUNTEER INTEREST

Please check the volunteer opportunities you are interested in:

- Youth Sports Coach: List sport _____
- Park/Trail Maintenance: List site _____
- Summer Day Camp: List camp _____
- Specialized Recreation Special Olympics
- Special/Community Events
- Other _____

PURPOSE FOR VOLUNTEERING

Please check the box of one of the following that best relates to the reason you would like to volunteer:

- An education requirement for K-12
- An education requirement for college or technical school
- A court ordered requirement for community service: _____ hours required, and date needed _____
- A project requirement for Eagle Scouts or a Service Group (Please attach a description of the proposed project)
- Community Spirit (wanting to give something back to the community)

VOLUNTEER AVAILABILITY AND SKILLS

Please specify day(s) and time(s) available to volunteer:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Time <i>(ex. 1-4 pm)</i>							

Please list any special skills/expertise, training, interests, or hobbies that you have that may be useful to Pierce County Park:

MEDICAL

If you have any work limitations, please explain: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____

Work Phone: _____ Cell Phone: _____

FOR DEPARTMENT USE ONLY	
Department Contact Assigned:	Program:



BACKGROUND CHECK

CONFIDENTIAL

REQUEST FOR CRIMINAL HISTORY INFORMATION CHILD/ADULT ABUSE INFORMATION ACT RCW 43.43.830 THROUGH 43.43.845

Washington State law requires us to conduct a background check on volunteers who will or may have unsupervised access to children under sixteen years of age, developmentally disabled persons, or vulnerable adults. Our volunteers work in a variety of different programs that may bring them into contact with these individuals. Therefore, we ask every volunteer/employee to provide the necessary information to conduct the background check.

By completing this form, be aware that Pierce County Parks and Recreation will be running a background check on you with the information provided through a national database.

Your application, any information you provide, and the results of the background check are kept confidential. We appreciate your cooperation and are happy to answer your questions.

APPLICANT OF INQUIRY

Print Name: _____ **M F**
(First name) (Middle name) (Last name)

Former Name(s) and Dates Used: _____

Social Security Number: _____ DOB: _____

Telephone Number: _____ Driver's License Number/State: _____

Email: _____

Have you been convicted of a felony or released from prison within the last seven (7) years, or have you been convicted of a misdemeanor other than minor traffic offenses within the past three (3) years? **Y N**

If yes, please explain _____

(Conviction will not automatically bar you from volunteering. Relevance to assignment will be considered.)

The information contained in this application is correct to the best of my knowledge. I hereby authorize Pierce County Parks and Recreation Services and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to the following areas: verification of social security number; current and previous residences; and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions' driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency to divulge any and all information, verbal or written, pertaining to me, to Pierce County Parks and Recreation Services or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

Pierce County Parks and Recreation Services and its designated agents and representatives shall maintain all information received from the authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

Signature: _____ Date: _____

Parent/Guardian (if under 18 years of age): _____



Waiver of Liability

In consideration of voluntary participation in activities occurring on properties owned by Pierce County, whether sponsored by Pierce County or others, or participation in activities operated or sponsored by Pierce County whether on property owned by Pierce County or others, I hereby for myself, my heirs, executors, assigns and personal representatives, forever waive and release any and all claims for damages I now or may hereafter have, whether now known or unknown, against Pierce County, its elected officials, employees, agents, and volunteer workers, for any injuries suffered in connection or arising out of participation in said activities. I understand and agree that Pierce County will not provide workers' compensation benefits for any injuries or illnesses which I might suffer as a result of my participation in the above activity. I also understand that I will be volunteering my time to work on these projects and therefore will not be compensated monetarily or otherwise by Pierce County.

Photo Policy: Pierce County Parks and Recreation staff may videotape or take photos of participants in programs and special events, or people in or on park properties. Those photos may be used for promoting our programs, classes, events, in print, for TV, on the website, and/or social platforms.

A parental signature is required for those volunteers younger than age 18.

Date _____

Participant Name _____
(Please print)

Street address _____

City and Zip Code _____

Emergency Phone _____

Emergency Contact Person _____

Signature of Participant _____

Signature of Parent or Guardian _____
(Required for participants under 18 years of age)