



LIBRARY VOLUNTEER APPLICATION

Date: _____

Name & Address: _____ Home Phone: _____
 _____ Message Phone: _____

How long have you lived in Ellensburg? _____ If less then one year, what was your previous address?

What volunteer position are you applying for? _____

Why are you interested in volunteering for this program? _____

Were you referred to the program? _____ Who referred you? _____

In case of emergency please notify _____
(Name /relationship) (Phone Number(s))

Volunteers and employees working with young children and vulnerable adults are subject to a Criminal History Background check in accordance with RCW 43.43.830 through 43.43.845. Included in this form is a Disclosure Statement and a Washington State Patrol Request form must also be filled out and signed to enable the City of Ellensburg to conform to the Laws of the State of Washington through the Washington State Patrol. Approval of volunteer status is subject to satisfactory completion of the background investigation.

To aid the City of Ellensburg in obtaining background information, please supply the following information:

_____ ***_**_ _____
DATE OF BIRTH SOCIAL SECURITY # DRIVERS LICENSE NUMBER - EXPIRATION DATE

Are you currently certified in CPR? ___Yes___No First Aid? ___Yes___No

Days and times available to volunteer:

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning (list hours)							
Afternoon (list hours)							
Evening (list hours)							

Current Employer: _____ Phone Number: _____

How long have you worked for this employer? _____ Position with Employer: _____

Are you bilingual/what language? _____

Please list all experience you have working with youth/seniors in other organizations, dates of service, and name, address, telephone number of a contact in each organization:

Please list any special skills/training you possess that may enhance the program for which you wish to volunteer:

Please list a minimum of three references (**do not list relatives**):

1. Name: _____ Address: _____
Relationship: _____ Phone: __ (____)

2. Name: _____ Address: _____
Relationship: _____ Phone: __ (____)

3. Name: _____ Address: _____
Relationship: _____ Phone: __ (____)

Disclosure Statement (check yes or no as appropriate):

- a. Do you use illegal drugs? ____ Yes ____ No
- b. Have you ever been convicted of a felony or released from prison within the last ten (10) years, or have been convicted of a misdemeanor within the past five (5) years? ____ Yes ____ No (if yes, provide name and date of offense, date of conviction, and location of court)

(attach separate sheet if necessary)

- d. Has your driver's license ever been revoked or suspended? ____ Yes ____ No (if yes, provide date and reason for revocation/suspension, location of court, and date when driving privilege was restored)

(attach separate sheet if necessary)

- e. Other than information shown, is there any fact or circumstance involving you or your background that would create a question about your being entrusted with the supervision, guidance, and care of children or vulnerable adults? ____ Yes ____ No (if yes, explain)

(attach separate sheet if necessary)

- f. Do you have any medical conditions, physical or emotional, that should be taken into consideration in arranging volunteer assignments? ____ Yes ____ No (if yes, explain)

NOTICE TO VOLUNTEERS

Volunteers are not considered to be City of Ellensburg 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 provided by you 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 of Ellensburg to conduct a state patrol criminal background check in accordance with RCW 43.43.830-839 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 Ellensburg 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 Ellensburg, 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 facilities. I also hereby individually and on behalf of my heirs, executors and assignees, release and hold harmless the City of Ellensburg, 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: _____

For Office Use Only

Task	Completed	Date Completed	By (Initials)
Reviewed Application for Completeness <i>(every item must be filled out!)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
References Checked	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
WSP Background completed by HR	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Orientation of Policy/Procedures	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____