



VOLUNTEER APPLICATION FORM

Last Name _____ First Name _____ Middle Initial _____

Address _____ City _____ Zip _____

Cell Phone _____ Other Phone _____

Email Address _____

Availability:

During which hours are you available for volunteer assignments?

Weekday mornings Weekend mornings

Weekday afternoons Weekend afternoons

Weekday evenings Weekend evenings

Interests:

Tell us in which areas you are interested in volunteering:

Administration

Kids Activities

Events

Clubs and Instruction

Lawn maintenance

Volunteer coordination

Fundraising

Beach Activities

Special Skills or Qualifications:

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Previous Volunteer Experience:

Summarize your previous volunteer experience.

Person to Notify in Case of Emergency:

Name:

Street:

City:

State:

ZIP Code:

E-Mail Address

Work Phone:

Any medical conditions we should be aware of:

Upon completion of this application, a criminal background check will be performed through the Washington State Patrol Criminal Identification Division. You will be notified of the response. The following information is necessary for this process, and for security and privacy reasons will be kept locked and private.

Date of birth ___/___/___ Male Female

Social Security # or Tax ID _____

Maiden Name and/or Alias _____

Driver's License # _____ State _____ Exp. Date ___/___/___

BBBPRD2 Use Only
Driver's License viewed by:
(initials) _____

Have you ever been convicted of a felony? (Including, but not limited to theft, misappropriation of funds or any offense of a sexual nature)

Yes No

Have you had findings made against you in any legal

Yes No

proceeding? Are you presently charged with, but not convicted of a crime?

Yes No

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Blaine-Birch Bay Park & Recreation District 2 (BBBPRD2) reserves the right to photograph program participants for publicity purposes. Please note that these photos are for BBBPRD2 use only and may be used in future program guides, web pages, fliers, visual presentation, and the like. Please notify us if you do not want photos of you or anyone in your family used for these purposes.

We/I, realizing no insurance coverage is provided for the volunteer, will assume financial responsibility for any cost relation to any accident, injury, or disease outbreak that might occur while participating or volunteering in BBBPRD2 program(s). Furthermore, I will not hold BBBPRD2 and any affiliated, employees/volunteers or anyone otherwise involved in named programs responsible for any accident, injury or disease outbreak that might occur while participating in a BBBPRD2 program or activity.

Name of volunteer (printed)

Name of parent or responsible party if volunteer is a minor (printed) :

Signature of volunteer:

Signature of parent or responsible party if volunteer is a minor (printed) :

Date

Our Policy: It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.