

Lacey ACT Night Volunteer Application

First Name: _____ Last Name: _____ Date: _____
 Address: _____ City: _____ Zip: _____
 Email: _____
 Phone; Home: _____ Work: _____
 Emergency Contact (for volunteer): _____

Do you legally reside in the United States? _____
 Are you 18 years of age or older? _____

Parent Questionnaire:

Are you a parent of a middle school student in the North Thurston School District? _____
 What School does your child attend? _____
 Which activity nights would you like to be called for:
 Nisqually _____
 Komachin _____
 Chinook _____

Volunteer Duties/Preferences (please circle option 1 or 2):

1

Rotation
 (Assigned to 2 different areas during the event)

Pick any below:

_____ Any _____ Dance area
 _____ Door monitor _____ Gym activities
 _____ Hallway monitor _____ Cafeteria monitor

2

Entrance
 (Check teens in and out of the event)

Pick any below:

_____ Any
 _____ Coat Check
 _____ Security Wanding
 _____ ID Check

Other Preferences: (example: friends who want to be assigned together)

OPTIONAL Information

Previous Work/Volunteer Experience

Employer	Position	Dates of Employment	Supervisor	Reason Left

References (non-family members)

1. Name _____ Phone _____
 2. Name _____ Phone _____
 3. Name _____ Phone _____

I hereby certify that the facts set forth in this volunteer application are true and complete to the best of my knowledge. I understand that if I am accepted, falsified statements on this application shall be considered sufficient cause for dismissal. I hereby authorize the City to conduct a through background investigation and to verify information contained in this application as it related to the position for which I am being considered

Volunteer Signature _____ Date _____

Under 18 years old:

Parent Name:

Parent Signature _____ Date _____

The Volunteer agrees to abide by all relevant City policies and procedures and to perform the volunteer services in a safe, responsible manner in accordance with the descriptions of service.

It is further understood that this agreement shall not in any way constitute nor create an employer/employee relationship between the City and the Volunteer. The City shall not be responsible for, nor liable for, nor shall the applicant be eligible to receive, any compensation or benefits as a result of the Agreement **EXCEPT** for State Labor and Industries Industrial Insurance medical aid coverage.

** Please note that the City of Lacey does not provide medical insurance coverage for volunteers ages 13 and under should they get injured.*

Please read and sign the following waiver:

In consideration of voluntary participation in the City of Lacey Volunteer Programs, I hereby for myself, me heirs, executors, assigns and personal representatives, forever waive and release any and all claims for damages I now or may hereafter have, whether known or unknown, against the City of Lacey, its elected officials, employees, agents and volunteer workers for any injuries suffered in connection or arising out of participation in said activities. I understand that I will be volunteering my time and work on these projects and therefore will not be compensated monetarily or otherwise by the City of Lacey.

Volunteer Signature _____ Date _____

Under 18 years old:

Parent Name:

Parent Signature _____ Date _____



RELEASE FOR BACKGROUND/CRIMINAL INVESTIGATION

I authorize the investigation of all matters which the City of Lacey deems relevant to my qualifications for employment, including all statements made in my application for employment and in any documents and supporting attachments. I authorize the City to request and receive such information, including a check for criminal convictions, and I release from liability any persons (such as former supervisors) or employers supplying it. I also release the City from all liability, which might result from making the investigation.

Form with fields: Last Name, First Name, Middle Name, Former Name(s), Date of Birth, Social Security Number, Driver's License Number, State, Expiration Date

CRIMINAL CONVICTIONS: Conviction of a crime is not an automatic bar to employment. The City will investigate only criminal convictions that relate to your fitness to perform the job for which you are applying. Factors such as the nature and gravity of the crime, the length of time that has passed since the conviction and/or completion of any sentence, and the nature of the job for which you have applied will be considered.

Have you been convicted of a crime or released from prison within the last ten (10) years? Yes () No ()

If yes, please explain: _____

If position applied for involves driving, have you ever been convicted, pleaded nolo contendere, or paid a fine for any traffic violations in the past three (3) years? Yes () No ()

If yes, please explain: _____

I have read and understand the above statements and do hereby certify, that my responses to the questions are true and correct to the best of my knowledge.

Signature _____ Date _____
Witness _____ Date _____

The above information will remain confidential and separate form your application. You may request the results of your background investigation by contacting the Human Resources Department at (360) 491-3214.



834 DISCLOSURE STATEMENT

If the position for which you have applied may have unsupervised access to children or to developmentally disabled persons, pursuant to RCW 43.43.834, you are requested to provide the following information:

QUESTION: Have you ever been found by any criminal or civil court, or any disciplinary board final decision or in any final decision of the Director of the Department of Licensing to have sexually assaulted, abused or exploited any minor or have physically abused any minor?

Yes ()

No ()

If your answer to this question is yes, please provide below the details of the conviction or decision, the date of conviction or decision, and the court, board or department in which you were convicted or the decision that was made:

I, the undersigned, understand all statements I make in response to this question are subject to investigation and verification prior to appointment. I further understand the City may make an inquiry to the Washington State Patrol or an equivalent law enforcement agency in order to verify any record for convictions of offenses, adjudications of child abuse in a civil action or disciplinary board final decision.

I, do hereby certify, under penalty of perjury, that my responses to this question are true and correct to the best of my knowledge.

Name (please print)

Signature

Date

The above information will remain confidential and separate from your application.