

VOLUNTEER INTEREST FORM CITY OF MOSES LAKE

Date: _____

Full Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Occupation: _____

Are you over 18 years of age? Yes No If not, give date of birth: ____/____/____

EDUCATION

TYPE OF SCHOOL	SCHOOL	MAJOR COURSE	DEGREE/DATE
High School or GED			
Business or Technical			
Undergraduate Studies			
Graduate Studies			

WORK EXPERIENCE - (Most Recent First)

EMPLOYER	POSITION/DUTIES	DATES FROM/TO

PREVIOUS VOLUNTEER WORK OR COMMUNITY SERVICE (Most Recent First)

ORGANIZATION NAME	VOLUNTEER POSITION/DUTIES	DATES FROM/TO

Please list any special skills/expertise, training, interest or hobbies that might be useful to the City of Moses Lake:

List any languages other than English that you speak/write fluently:

Briefly summarize why you would like to volunteer with the City of Moses Lake:

In what particular areas of work are you interested?

Circle the days you are available for volunteer work: Sunday / Monday / Tuesday / Wednesday / Thursday / Friday / Saturday

Preferred work hours: _____ to _____

Options for Hours: 6:00 p.m. to 10:00 P.M. OR 6:00 a.m. to 8:00 a.m.

REFERENCES: Please list two references other than family members

Name: _____ Name: _____

City/State, or country if not U.S.: _____ City/State, or country if not U.S.: _____

E-mail address: _____ E-mail address: _____

Work Phone: _____ Work Phone: _____

Alternate Phone: _____ Alternate Phone: _____

Do you have medical conditions - physical or emotional - that might limit the type of work you can do?
Yes No

If yes, please describe the limitations:

**Please return completed form to:
City of Moses Lake**

**Community Development Department
Taylor Burton, Housing & Grants Coordinator
411 South Balsam Street
Moses Lake, WA 98837
Phone: 509-764-3805**

AGREEMENT, CERTIFICATION, AND AUTHORIZATION

I hereby certify, under the penalty of perjury in the State of Washington, that this application contains no willful or knowing misrepresentation and that the information given is true and complete to the best of my knowledge and belief. I understand that falsification of this application will be grounds for elimination from further consideration or for dismissal at any time. I give my permission for representatives of the City of Moses Lake to check references with any and all work-related contacts, including those listed on my volunteer application, those provided specifically by me, and any other contacts that may surface during the course of the selection process. I understand that these references will be confidential and I will not have access to them. I indemnify and release the City of Moses Lake and all providers of information from any liability as a result of furnishing and receiving this information. I hereby release all providers of information and the City of Moses Lake from all liability for any damage whatsoever arising therefrom. I authorize investigation of all statements in this application.

SIGNATURE OF APPLICANT

DATE

**CITY OF MOSES LAKE
VOLUNTEER PROGRAM**
Registration and Participant of Risk Agreement

Participant's Name:

Participant's Address:

City: _____ State: _____ Zip Code:

Telephone: _____ Email:

In Case of Emergency Contact:

Emergency Telephone Number:

Program Name/Description:

Date(s) of Program:

The undersigned hereby assumes all risk and waives and releases any and all claims that may arise against the City of Moses Lake, its employees, officials, and contract or volunteer program participants, for any and all injuries, losses or damages suffered by the participant while participating in the above mentioned program. The participant is responsible for any personal articles lost or stolen.

If participant is a minor, the undersigned parent/guardian also authorizes the City of Moses Lake to seek medical attention for any injuries suffered by the participant, and further consents to any and authorizes any necessary medical services for the participant.

Date _____

Signature of Participant

Date _____

Signature of Parent/Guardian
(If participant is a minor)

**CITY OF MOSES LAKE
AUTHORIZATION FOR BACKGROUND AND REFERENCE CHECKS
VOLUNTEERS**

With the applicant's authorization, the City conducts background and reference checks as follows:

- A. All applicants being considered for selection for volunteer opportunities will have their criminal records checked;
- B. All applicants being considered for selection will have employment references checked;
- C. All applicants being considered for selection will have educational histories checked;
- D. All applicants whose volunteer position(s) with the City would require them to drive City vehicles as part of their assigned duties will be required to submit their driving records to the City for review and consideration; and/or
- E. Any applicants whose volunteer position(s) with the City require them to handle the City's cash, investments or other monetary assets will be required to submit to a credit history check.

Signed Authorization for Background and Reference Checks forms for applicants not selected for volunteer opportunities for which they applied are shredded by the City on an annual basis. The City makes every effort to ensure the confidentiality of each applicant's personal identification information.

PLEASE PROVIDE THE FOLLOWING INFORMATION

Applicant's Name:

Last First Middle

Alias/Maiden/Other Name(s):

Date of Birth: _____ Gender: M F

Telephone#: _____

Race: Asian/Pacific Islander Black Hispanic American Indian/Alaska Native White
Please circle the one that applies - if two or more races circle the one that most applies to you.

Address: _____

Social Security Number: _____ / _____ / _____ (Required)

Driver's License Number: _____ Issuing State: _____

Have you lived in any other state(s) other than Washington in the last ten (10) years? Yes No

If YES, please note the state(s), county(ies) and dates of residence:

State(s)

County(ies)

Date(s): _____

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Position Applied For:

I, _____ (please print), hereby authorize the City of Moses Lake or an independent investigating agency appointed by the City to conduct a thorough investigation of my background including my criminal records, driving records (as applicable), credit history (as applicable), educational history (as applicable) and employment references (as applicable). I also hereby release any current or former employers or institutions, their agents or employees from any and all liability resulting from the release of such information. My authorization and release from liability are voluntary acts. This authorization shall be effective for volunteer opportunities with the City of Moses Lake only.

It is my intention that any copy of this authorization be as effective as is the original.

Signature: _____

Date:

CITY OF MOSES LAKE EMERGENCY NOTIFICATION FORM

It is the volunteer's responsibility to update and keep current any information in this form. Please return completed form to the Human Resources Department.

Volunteer Name	Home Phone #
Date of Birth	Position title
Physician Name (optional)	Physician Phone
Known Medications (optional)	
Known Allergies (optional)	
IN CASE OF EMERGENCY PLEASE NOTIFY - CONTACT A	
Name	Relationship to you
Address	City
Phone 1 (home)/(cell)	Phone 2 (work)
IN CASE OF EMERGENCY PLEASE NOTIFY - CONTACT B	
Name	Relationship to you
Address	City
Phone 1 (home)/(cell)	Phone 2 (work)

Your emergency contact information would be used to notify your designated emergency contact(s) of an emergency or crisis that may affect you and/or the City. Emergency contact information will be kept in the volunteer's application file and used/released strictly on a need-to-know basis.

VOLUNTEER SIGNATURE: _____ DATE: _____