



VOLUNTEER SERVICE APPLICATION

City of Monroe
806 West Main Street
Monroe, WA 98272-2198
(360) 794-7400 Fax: (360) 794-4007
www.ci.monroe.wa.us

Monroe Police Department
818 West Main Street
Monroe, WA 98272-2198
(360) 794-6300 Fax: (360) 794-3129

The City of Monroe operates a volunteer program that provide services organization-wide. The purpose is to enable the City to take advantage of the extraordinary reserve of knowledge, talent, and skill possessed by volunteers within our community and to capitalize on these abilities to augment City services. The intent is also to provide a program which involves interested residents in local government while providing them with the opportunity to perform work of value to the community.

The volunteer application is designed to give applicants an opportunity to share their background, experience, interests and skills, enabling the City to make the best possible volunteer placement.

Name	Last	First	Middle
Address:	Street	City, State	Zip
Home#	Message #	Work #	Email

Are you over the age of 18? Yes No If not, please give birth date: _____

Do you have, or can you obtain, a valid Washington State Driver's License? Yes No

Are you currently certified in: CPR First Aid Expiration Date: _____

WA State Driver's License or ID Card#		Expiration Date:	
--	--	-------------------------	--

Availability: Long-Term Short-Term Special Project
 Sunday Monday Tuesday Wednesday Thursday Friday Saturday

In what particular areas of Volunteer work are you interested? (i.e. administrative, parks, TEAM, Emergency Management Office, etc.)

What general skills/experience/education would you like to share in your volunteer work?

Criminal Convictions

Have you been convicted of a felony or released from prison within the last ten (10) years, or have been convicted of a misdemeanor other than minor traffic offenses within the past three (3) years? Yes No

If yes, please explain:

References (do not list relatives)

Name:		Address:		Phone:	
Name:		Address:		Phone:	
Name:		Address:		Phone:	

If yes, please explain:

In case of emergency, please contact:

Name:		Address:		Phone:	
-------	--	----------	--	--------	--

NOTICE TO VOLUNTEERS

Volunteers are not considered to be City of Monroe employees. Injury compensation is provided through the Department of Labor and Industries. Volunteer service is considered to be creditable work experience. The data furnished on this form is furnished 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 my permission for an authorized representative of the City of Monroe to conduct a state patrol criminal background check in accordance with RCW 43.43.830-845 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 Monroe 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 Monroe, I am fully aware that the work associated with being a City of Monroe 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 Monroe, 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.

Applicants who may be offered positions as employees or volunteers for positions that involve access to children or vulnerable adults as defined in RCW Ch. 43.43 are hereby notified that the City of Monroe may make an inquiry to the Washington State Patrol under RCW 43.43.832 or to a federal law enforcement agency to conduct a background check as described in RCW Ch. 43.43. Additionally, if you are seeking a position as an employee or a volunteer where you will or may have unsupervised access to children under 16 years of age or developmentally disabled persons or vulnerable adults during the course of your employment or involvement with the City of Monroe, you must disclose whether you have:

Been convicted of a crime ___ yes ___ no. If "yes," describe: _____

Had findings made against you in any civil adjudicative position (e.g. by a judge or an administrative agency) as defined in RCW 43.43.830 (relating to domestic violence, abuse, sexual abuse, neglect, or exploitation or financial exploitation of a child or vulnerable adult) ___yes ___no. If "yes," describe: _____

Been convicted of a crime and had findings entered against you in any civil adjudicative proceeding as defined in RCW 43.43.830
___yes ___no. If "yes," describe: _____

If you are uncertain as to whether you should answer "yes" to any of the above questions, or if you need definitions of any of the terms
used in RCW 43.43.830, please explain why you are uncertain as to how to answer and explain what terms you need to have defined:

**I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY THAT THE INFORMATION ON THE FOREGOING
APPLICATION IS TRUE AND CORRECT.**

Date and Place of Signing
(Revised: 2/8/2006)

Signature

If under 18, parent or guardian's

Signature

Date

VOLUNTEER SERVICE AGREEMENT



City of Monroe
806 West Main Street
Monroe, WA 98272-2198
(360) 794-7400 Fax: (360) 794-4007
www.ci.monroe.wa.us

This Agreement is made, by and between the City of Monroe, hereinafter referred to as the "City" and _____ hereinafter referred to as the "Volunteer". The purpose of this Agreement is to outline the responsibilities of the City in providing volunteer opportunities, and to create an understanding between the City and the Volunteer.

This Agreement shall apply to persons voluntarily performing non-compensated services for the City, including but not limited to, practical work experience, recreational programs, senior programs, and police programs. 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 volunteer be eligible to receive, and compensation or benefits as a result of the Agreement **EXCEPT** for State Labor and Industries Industrial Insurance medical aid coverage.

In consideration of the City giving me permission to perform these volunteer services, I understand that:

- I am not to appear for volunteer service under the influence of any drugs or alcohol. I agree to inform the supervisor at the beginning of the shift if taking any over-the-counter or prescription medications which may impair my ability to perform volunteer duties.
- I am not to have child(ren) with me, during my volunteer activities, that are under 14 years of age. If I do bring with me any child(ren) under 14 years of age (**which is a violation of this agreement**), I understand I will be held solely liable, and assume all risk of liability, for my child(ren)'s actions and agree to hold the City harmless from any and all such related claims against the City; except for injuries and damages caused by the sole negligence of the City.
- I will abide by all City policies regarding personal conduct while performing volunteer services.
- I agree not to go beyond the scope of volunteer work agreed to without authorization.
- Should an injury occur during the scope of my service, I understand that the City has included my hours of volunteer service in the State Labor and Industries coverage for volunteer workers and I understand that I am to report any on-the-job injury or illness, no matter how minor to my assignment coordinator/supervisor.
- I have been trained on any activity that I am unfamiliar with, corresponding policies have been reviewed with me, and it is my responsibility to understand them completely or ask questions until I feel confident to perform the assigned tasks.
- Depending on the scope of volunteer work, the following policies may apply: Driving, Safety Procedures, Computer Operation, Dress Code, Anti-Harassment, Confidentiality.

BACKGROUND CHECKS: I consent to the City performing a background check into my history in accordance with RCW 43.43.830-845 and waive any right of privacy I may have in such information for the limited purpose of the City considering it for determining my suitability as a volunteer. (To be used for volunteers who will have unsupervised access to children, developmentally disabled persons, or vulnerable adults or who will be working with confidential information.)

TERMINATION: I understand that I or the City may terminate this agreement at any time without cause, and that I am volunteering my services at will and may be asked to discontinue such without prior notice or reason.

WAIVER AND HOLD HARMLESS: 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 or equipment. I also hereby individually and on behalf of my heirs, executors and assignees, release and hold harmless the City of Monroe, its officials, employees, authorized volunteers 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.

LIABILITY COVERAGE: I understand that the City is self-insured through the Washington Cities Insurance Authority (WCIA) for liability coverage. Volunteers performing within the scope of their assigned duties as authorized by the City are afforded the same coverage as City employees under the City's liability coverage with WCIA. I am fully aware that a volunteer's intentional misconduct is not protected or covered by the City or WCIA.

This agreement will be in effect for the duration of my volunteer services beginning this date: _____

Signature of Volunteer

Date

Address

ST

Zip

Phone

Do you have any medical conditions, physical or emotional, that the City should be aware of prior to placement in a volunteer position?

Yes No

If yes, please explain: _____