



CITY OF COVINGTON

Personnel
16720 SE 271st Street, Suite 100
Covington, WA 98042
Tele: (253) 638-1110, x2240
Fax: (253) 638-1122

VOLUNTEER APPLICATION

*(To be used for Individual Volunteer positions (excluding Walk-in/One-time Event Volunteers and Commission Member positions)
Please note that the City's ability to place you as a volunteer is dependent on the availability of assignments that match
your desired assignment(s), skill(s), and/or availability as noted on Attachment A to this application. Thank you.*

POSITION

TYPE OF VOLUNTEER WORK DESIRED (e.g., Office, maintenance): _____

PERSONAL DATA

NAME: _____
(LAST) (FIRST) (MIDDLE)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME TELE.: () _____ CELL: () _____ WORK*: () _____

E-mail: _____ * **MAY WE CONTACT YOU AT WORK?** YES / NO

SPECIAL SKILLS THAT MAY BE UTILIZED IN YOUR VOLUNTEER DUTY

*(We ask for this information to make your volunteer experience as meaningful as possible to both you and the City. The City does not
require that you possess certain skills to be considered, but placement is dependent on how your skills match available volunteer
opportunities.)*

Business machines (other than computers) you can operate: (circle) **Fax Copier Multi-line phones 10-Key**
Postage Machine Calculator Other: _____

Are you experienced in typing meeting minutes from a tape? (circle) **YES / NO**

Do you have Computer Experience? (circle) **YES / NO** If "YES," overall skill level: **Beginner Intermed Advanced**

What computer software are you familiar with? (List with skill level) _____

Other skills/hobbies/special knowledge that may be utilized during the course of your volunteer duty: _____

VOLUNTEER REFERENCES

Are there any places of employment or volunteerism that we may call as a reference? If so, please list below:

ORGANIZATION NAME _____ FROM _____ TO _____
Address _____ City _____ State _____ Zip _____
Supervisor Name _____ **Supervisor Phone** _____
Hrs/Wk _____
REASON FOR LEAVING/DESIRE TO LEAVE _____
PRIMARY DUTIES _____

ORGANIZATION NAME _____	FROM _____	TO _____
Address _____	City _____	State _____ Zip _____
Supervisor Name _____	Supervisor Phone _____	
Hrs/Wk _____	REASON FOR LEAVING/DESIRE TO LEAVE _____	
PRIMARY DUTIES _____		

If you do not have two places of employment or volunteerism that you may use as a reference, please list two personal references (who are not relatives) that we may call on:

NAME _____	Relationship _____
Address _____	City _____ State _____ Zip _____
Phone _____	

NAME _____	Relationship _____
Address _____	City _____ State _____ Zip _____
Phone _____	

GENERAL

Do you possess a valid Washington Driver's License? _____ *or another state license (name state)?* _____
 If hired, can you provide proof of U.S. citizenship, visa or alien registration #? _____
 List any relatives employed by the City and their relationship _____

The City of Covington considers a volunteer's conviction record as it relates to their assigned duties, as entitled under the law. A conviction record will not disqualify you for volunteerism, unless such record would reasonably affect your fitness for the volunteer position for which you have applied. The City will perform background checks with the Washington State Patrol on all applicants for volunteer positions other than Walk-in/One-time Event Volunteers that perform for a short-term duration under City staff supervision.

The following questions MUST be answered by all applicants, in order for this application to be considered complete:

Have you been convicted of a felony, or released from prison in the last ten (10) years? Yes___ No___
If yes, please explain: _____

Have you been convicted of a misdemeanor other than a traffic offense within the last three (3) years? Yes___ No___
If yes, please explain: _____

"I certify that all statements in this application are true and correct to the best of my knowledge. I understand that falsification of information on this application may be cause for elimination from the volunteer selection process and dismissal from volunteerism, if participation has already begun. Additionally, I authorize the City of Covington to solicit information regarding my character, general reputation, previous volunteerism or employment, work-related skills, and similar background information, and to contact former employers or agencies I have volunteered at, unless specified to the contrary. I hereby release all parties and persons connected with any such request for information from all claims, liabilities, and damages, for any reason, arising out of the furnishing of such information. Consent is granted for the City of Covington to furnish this information to third parties in the course of fulfilling its official responsibilities. For this purpose, a copy of this signed authorization is as effective as the original."

 VOLUNTEER SIGNATURE _____
 DATE

ATTACHMENT A

CITY OF COVINGTON

VOLUNTEER PREFERENCES WORKSHEET

(The City greatly appreciates the contribution that volunteers make to the Covington community, as well as to City staff. Every effort will be made to place a volunteer applicant, depending on how the applicant matches City needs. If no immediate match may be found, the Personnel Division will retain volunteer applications for a period of one year.)

➤ **Please give your current status (student, employed worker, unemployed worker, retired, homemaker):**

➤ **If you are not applying for a specific, advertised volunteer position, what type of assignments would you be willing to undertake (please check all that are appropriate in the table, below):**

Office Assistance	PUBLIC WORKS: Maintenance Operations & Emergency Management	Community Event Support	Aquatics & Recreation
<input type="checkbox"/> Computer <input type="checkbox"/> Customer service <input type="checkbox"/> Data entry <input type="checkbox"/> Filing/archives <input type="checkbox"/> Research <input type="checkbox"/> Organizing/Straightening <input type="checkbox"/> Telephone <input type="checkbox"/> General office <i>(May include all the above)</i> <input type="checkbox"/> Use of personal vehicle required * <input type="checkbox"/> Other: _____ _____ _____ _____	<input type="checkbox"/> Project Management <i>(see Project Scope, below)</i> (1) <input type="checkbox"/> General Landscape Maintenance <i>(no power tools)</i> (1) <input type="checkbox"/> Landscape Maintenance <i>(with simple power tools)</i> (1) and (2) <input type="checkbox"/> Emergency Management <input type="checkbox"/> Office Assistance <i>(check appropriate duties in Office Assistance column)</i> <input type="checkbox"/> Emergency Management Team Member <input type="checkbox"/> Other: _____ _____	<input type="checkbox"/> Project management (Project: _____ _____ _____) (1) <input type="checkbox"/> Emcee <input type="checkbox"/> Setup/Breakdown <input type="checkbox"/> Registration <input type="checkbox"/> Arts/Crafts <input type="checkbox"/> Music/Audio <input type="checkbox"/> Photographer <input type="checkbox"/> Parking/Crowd Control <input type="checkbox"/> Other: _____ _____ _____	<input type="checkbox"/> Instructor (Class type: _____ _____) <input type="checkbox"/> Instructor's Assistant (Class type: _____ _____) <input type="checkbox"/> Youth (coach, chaperone, etc.) <i>Age Group Affected:</i> <input type="checkbox"/> Preschool age <input type="checkbox"/> Teens (tutor, chaperone, etc.) <input type="checkbox"/> Adults <input type="checkbox"/> Seniors <input type="checkbox"/> Other: _____ _____

➤ **Please list any accommodation you need to perform volunteer duties:**

➤ **Please "X" the applicable time slots you are available to volunteer on the chart below:**

	Mon	Tue	Wed	Thu	Fri
8:00 a.m.					
8:30 a.m.					
9:00 a.m.					
9:30 a.m.					
10:00 a.m.					
10:30 a.m.					
11:00 a.m.					
11:30 a.m.					
12:00 noon					
12:30 p.m.					
1:00 p.m.					
1:30 p.m.					
2:00 p.m.					
2:30 p.m.					
3:00 p.m.					
3:30 p.m.					
4:00 p.m.					
4:30 p.m.					
5:00 p.m.					

ATTACHMENT B



CITY OF COVINGTON

Personnel
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AUTHORIZATION FOR WASHINGTON STATE PATROL RELEASE OF INFORMATION

"I hereby authorize the Washington State Patrol to release any information relating to my criminal history record, arrest, and conviction information. I release any individual from all liability for damages that may result, due to compliance with this authorization. I understand that in order to ensure that the background information obtained is accurate, it is necessary for me to provide my full name, including full middle name, and my date of birth.

I understand that this document is considered confidential and is maintained in the City's personnel files, to be accessed only by the Personnel Division or management personnel on a need-to-know basis only. The information contained herein is not subject to public disclosure."

NOTES: The City reserves the right, in its absolute and sole discretion, to reject any volunteer applicant, as a result of the review of any information provided by the applicant, or disclosed through subsequent investigation by the City of Covington.

The City of Covington shall notify the volunteer applicant of the Washington State Patrol's response and also provide them with a copy.

This Release is binding for one (1) year.

PLEASE COMPLETE ALL SECTIONS IN THEIR ENTIRETY:

DATE: _____

FULL NAME (*Please print legibly*): _____
(First Name) (FULL Middle Name) (Last Name)

SIGNATURE: _____

PREVIOUS NAMES: _____

DATE OF BIRTH: _____
(Use format: MM-DD-YYYY)

CURRENT ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____



ATTACHMENT C

City of Covington
Emergency Notification Data Sheet

I am providing the following emergency notification data for the City's use by listing two individuals, in order of priority, who can be reached in case of accident, sudden illness, etc.:

NAME: _____ Relationship: _____

Work Address: _____ No. & Street _____ City _____ State _____ Zip _____

Home Address: _____ No. & Street _____ City _____ State _____ Zip _____

Phone No.: _____ (Circle: work home cell pager) Notes: _____

Phone No.: _____ (Circle: work home cell pager) _____

Phone No.: _____ (Circle: work home cell pager) _____

NAME _____ Relationship: _____

Work Address: _____ No. & Street _____ City _____ State _____ Zip _____

Home Address: _____ No. & Street _____ City _____ State _____ Zip _____

Phone No.: _____ (Circle: work home cell pager) Notes: _____

Phone No.: _____ (Circle: work home cell pager) _____

Phone No.: _____ (Circle: work home cell pager) _____

I understand it is my responsibility to advise the City of any changes to this data:

PRINT: Last Name, First Name _____ SIGNATURE _____ DATE _____