

## CITY OF COVINGTON

Personnel 16720 SE 271<sup>st</sup> 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, mainte	enance):					
PERS	ONAL DATA					
NAME:						
(LAST)	(FIRST)	(MIDDLE)				
ADDRESS:						
CITY:	STATE:	ZIP:				
HOME TELE.: ( ) CELL: (	)	_WORK*: ( )				
HOME TELE.: ( ) CELL: ( ) E-mail:	_ * MAY WE CONTAC	CT YOU AT WORK? YES	/ NO			
Business machines (other than computers) you can operate	oortunities.) :: (circle)	pier Multi-line phones	10-Key			
Postage Machine Calculator Other:						
Are you experienced in typing meeting minutes from a tap	c. (circle) IES 7	NO				
Do you have Computer Experience? (circle) YES / NO	If "YES," overall si	kill level: <b>Beginner Interm</b>	ied Advan			
What computer software are you familiar with? (List with s	skill level)					
Other skills/hobbies/special knowledge that may be utilized	d during the course of yo	ur volunteer duty:				
VOLUNTEE  Are there any places of employment or volunteerism to	ER REFERENCES that we may call as a re	eference? If so, please list	below:			
ORGANIZATION NAME		EDOM TO	2			
Address	City	State 7in	J			
Supervisor Name	Supervisor Pho	nene				
Hrs/Wk						
REASON FOR LEAVING/DESIRE TO LEAVE						
PRIMARY DUTIES						

ORGANIZATION NAME		FROM	Т	0	
AddressSupervisor Name	City Supervisor Phone	State	Zip		
Hrs/Wk					
REASON FOR LEAVING/DESIRE TO LEAVE					
PRIMARY DUTIES					
If you do not have two places of employment personal references (who are not relatives) the		as a referen	ce, pleas	se list two	
NAME	Relationship	Relationship			
Address	City	State	Zip_	-	
Phone					
NAME	Relationship	Relationship			
Address	City	State	Zip_		
Phone					
	GENERAL				
Do you possess a valid Washington Driver's Lice If hired, can you provide proof of U.S. citizenshi List any relatives employed by the City and their	p, visa or alien registration #?	S 99			
The City of Covington considers a volunteer's collaw. A conviction record will not disqualify yfitness for the volunteer position for which yow Washington State Patrol on all applicants for perform for a short-term duration under City staff	you for volunteerism, unless such reco ou have applied. The City will perfo volunteer positions other than Walk-in.	rd would reas rm backgroun	onably a d checks	ffect your with the	
The following questions MUST be answered by	all applicants, in order for this applica	tion to be cons	sidered c	omplete:	
Have you been convicted of a felony, or released fyes, please explain:			Yes	No	
Have you been convicted of a misdemeanor othe			Yes	No	
"I certify that all statements in this application falsification of information on this application dismissal from volunteerism, if participation has information regarding my character, general resimilar background information, and to contact the contrary. I hereby release all parties and plabilities, and damages, for any reason, arising of Covington to furnish this information to third purpose, a copy of this signed authorization is as	may be cause for elimination from the already begun. Additionally, I authorize putation, previous volunteerism or emp former employers or agencies I have versons connected with any such request out of the furnishing of such information of parties in the course of fulfilling its second	volunteer seld ze the City of C loyment, work olunteered at, t for information. Consent is g	ection pr Covington -related . unless sp on from o granted fo	ocess and to solicity skills, and pecified to all claims, or the City	
VOLUNTEER SIGNATURE	DATE				