



**CITY OF COVINGTON**

Personnel  
16720 SE 271<sup>st</sup> Street, Suite 100  
Covington, WA 98042  
Tele: (253) 480-2410  
Fax: (253) 480-2401

**VOLUNTEER APPLICATION**

*(To be used for Individual Volunteer positions (excluding Walk-in/One-time Event Volunteers & commission 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, Aquatics, Parks): \_\_\_\_\_

**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**

**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	Aquatics & Recreation
<input type="checkbox"/> Computer <input type="checkbox"/> Data entry <input type="checkbox"/> Filing/archives <input type="checkbox"/> Research <input type="checkbox"/> Organizing/Straightening <input type="checkbox"/> Reception Desk (Greeting and directing visitors) <input type="checkbox"/> Telephone  <input type="checkbox"/> General office (May include all the above)  <input type="checkbox"/> Other: _____ _____ _____	<input type="checkbox"/> Project Management  <input type="checkbox"/> General Maintenance ( <i>no power tools</i> ) <input type="checkbox"/> Landscape Maintenance ( <i>without any power tools</i> ) <input type="checkbox"/> Landscape Maintenance ( <i>using simple power tools</i> )  <input type="checkbox"/> Emergency Management Office Assistance ( <i>this requires Office Assistance duties</i> ) <input type="checkbox"/> Emergency Management Team Member ( <i>requires Attendance at monthly Meetings</i> )  <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, if applicable:**

\_\_\_\_\_

- **How often do you want to volunteer? (Example: "Once a week," "Twice a week," "Once every other week," etc.)** \_\_\_\_\_

- **In order that we may best fit you into the schedule, please "X" the all time slots you would be available to volunteer on the chart below:**

	Mon	Tues	Wed	Thurs	Fri	Sat.	Sun.
Morning							
Afternoon							
Approx. # of hrs./day							

**ATTACHMENT B**



**HISTORY DISCLOSURE STATEMENT & AUTHORIZATION FOR RELEASE OF INFORMATION**

*Washington law (RCW 43.43.830-834) and the City of Covington require all applicants applying for positions that come in regular contact with minors or at-risk adults disclose certain information about their background and submit to a criminal background check. The City of Covington uses [www.averity.com](http://www.averity.com) to perform a nationwide criminal background check. The information collected by this form will be maintained in accordance with state law. "Convictions" include: judge or jury verdicts; guilty pleas, "Alford" pleas, pleas of "nolo contendere," convictions arising from military service, or criminal offenses resulting in deferred or suspended sentences. **CONVICTIONS INCLUDE FELONIES AND MISDEMEANORS.***

*Please answer the following questions by checking the appropriate box. IF THE ANSWER IS "YES," PLEASE GIVE DATE(S) AND A BRIEF EXPLANATION:*

**1. Have you ever been convicted of a felony?**     YES     NO

Date(s): \_\_\_\_\_ Explanation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2. Have you ever been convicted of a misdemeanor?**     YES     NO

Date(s): \_\_\_\_\_ Explanation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. Have you ever had findings made against you in any judicial or administrative adjudicative proceeding that resulted in a finding of, or upheld an agency finding of, domestic violence or physical abuse of a child or vulnerable adult?**     YES     NO

Date(s): \_\_\_\_\_ Explanation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4. Have you ever had findings made against you in any judicial or administrative adjudicative proceeding that resulted in a finding of, or upheld an agency finding of:**

**(a) sexual abuse, sexual assault, or sexual exploitation of a minor or vulnerable adult?**     YES     NO

Date(s): \_\_\_\_\_ Explanation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**(b) physical abuse or physical assault of a minor or vulnerable adult?**     YES     NO

Date(s): \_\_\_\_\_ Explanation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**(c) neglect or abandonment of a minor or vulnerable adult?**     YES     NO

Date(s): \_\_\_\_\_ Explanation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**(d) violation of a professional licensing standard in regard to a minor or vulnerable adult?  YES  NO**

Date(s): \_\_\_\_\_ Explanation: \_\_\_\_\_

**(e) financial exploitation of a minor or vulnerable adult?  YES  NO**

Date(s): \_\_\_\_\_ Explanation: \_\_\_\_\_

**7. Have you ever been convicted of crimes related to drugs, as defined in RCW 43.43.830?  YES  NO**

Date(s): \_\_\_\_\_ Explanation: \_\_\_\_\_

*"By my signature below, I certify that all statements in this "Criminal History Disclosure Statement and Authorization for Release of Information" are true and correct to the best of my knowledge. I understand that falsification of information on this form will be cause for dismissal from employment or the selection process for volunteerism. Additionally, I authorize the City of Covington to solicit information regarding my character, general reputation, previous employment, work-related skills, and similar background information, and to contact former organizations and/or references I have listed on my employment or volunteer application materials. 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 authorization 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. I also hereby authorize Verity, the city's web-based agency for background checks, to release any information relating to my criminal history record, arrest, and conviction information to the City of Covington. I release the City from all liability for damages that may result, due to compliance with this authorization. I understand that this Disclosure Statement is considered confidential and is maintained in the City's personnel files, to be accessed only by Human Resources personnel or management personnel on a need-to-know basis only. The information contained herein is not subject to public disclosure.*

*I understand this Release is binding for one (1) year following the date of completion that I have filled in below. If I do subsequently become actively hired or engaged in a volunteer assignment, this Release is binding for the uninterrupted term of my employment or volunteer assignment."*

**NOTES:** The City reserves the right, in its absolute and sole discretion, to reject any employment or 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 employment applicant or volunteer applicant of [www.averity.com](http://www.averity.com)'s response and also provide them with a copy.

**PLEASE COMPLETE ALL SECTIONS:**

**DATE:** \_\_\_\_\_

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

**SIGNATURE:** \_\_\_\_\_

**PREVIOUS NAMES:** \_\_\_\_\_

**DATE OF BIRTH (MM/DD/YEAR):** \_\_\_\_\_  MALE  FEMALE

**CURRENT ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_ **E-MAIL:** \_\_\_\_\_

ATTACHMENT C



City of Covington  
Emergency Notification Data Sheet for Volunteers

**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: \_\_\_\_\_

Phone No.: \_\_\_\_\_ ( Circle: work home cell )

Phone No.: \_\_\_\_\_ ( Circle: work home cell )

NAME \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone No.: \_\_\_\_\_ ( Circle: work home cell )

Phone No.: \_\_\_\_\_ ( Circle: work home cell )

**I am also providing the following emergency notification data for the City's use in the case of a regional disaster, such as an earthquake, by listing one individual who lives outside of Washington State:**

NAME: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_ ( Circle: work home cell )

Phone No.: \_\_\_\_\_ ( Circle: work home cell )

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

\_\_\_\_\_  
PRINT: Last Name, First Name

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE