



# City of Roy Hometown Heroes

# VOLUNTEER APPLICATION

Thank you for your interest in the City of Roy Volunteer Program. Your responses below will help us match your talents and interests to our needs. Please submit this form to the City Clerk-Treasurer.

<b>PERSONAL INFORMATION</b> (Please print a complete response to each item)			Date of Birth:	Primary Phone:	
First Name	Middle Name	Last Name	Street address if different from mailing address:		
Mailing Address:			City:	State:	Zip:

<b>PLEASE CHECK THE AREAS THAT INTEREST YOU:</b>	Monetary donation for:
<input type="checkbox"/> Planning Commission <input type="checkbox"/> Water Advisory Committee <input type="checkbox"/> Library Board <input type="checkbox"/> Grant Writing <input type="checkbox"/> Legal Support <input type="checkbox"/> Grounds Keeping <input type="checkbox"/> Hometown Heroes Day <input type="checkbox"/> Safe Streets Team Member <input type="checkbox"/> Adopt-a-street <input type="checkbox"/> Volunteer Coordinator <input type="checkbox"/> Housekeeping <input type="checkbox"/> Youth Event Assistance <input type="checkbox"/> Story Time Reader <input type="checkbox"/> Arts/Crafts <input type="checkbox"/> Construction <input type="checkbox"/> "Worker Bee" <input type="checkbox"/> Office <input type="checkbox"/> Library Office <input type="checkbox"/> Event Entertainment <input type="checkbox"/> Other areas of interest:	

Hobbies, skills, languages or special knowledge you think would help in your volunteering: \_\_\_\_\_

Employment status (student, worker, retired, homemaker): \_\_\_\_\_

Educational Background: \_\_\_\_\_

How did you hear about volunteer opportunities with the City of Roy? \_\_\_\_\_

Do you need to fulfill a specific requirement for service hours?     Yes     No  
If yes, please check:     School/college     Court Mandated     DSHS Mandated     Other \_\_\_\_\_

Organization \_\_\_\_\_ Total hours required: \_\_\_\_\_ Must complete hours by: \_\_\_\_/\_\_\_\_/20\_\_\_\_

Please indicate the days and times you are able to volunteer:

Day of the Week	Morning	Afternoon
Monday (no court-mandated service)		
Tuesday		
Wednesday		
Thursday (no court-mandated service)		
Friday (no court-mandated service)		

Previous work and/or volunteer experiences:

Organization	Start Date	End Date	Position/Responsibilities, Skills Required

Has your permanent residence been in the State of Washington during the past 12 months?     Yes     No  
If "No" then in what state did you most recently reside? \_\_\_\_\_

Have you been convicted of a felony in the past 10 years, released from prison within the last seven years, or convicted of a misdemeanor (other than traffic offenses) within the past three years? (A conviction is not necessarily a bar to acceptance)     Yes     No

**PLEASE COMPLETE REVERSE SIDE OF PAGE →**

Please list two references (who are not relatives) we may call on:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

In an emergency, whom should we contact?

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

It is the policy of the City of Roy to provide volunteer opportunities without regard to any individual's age, sex, marital status, sexual orientation, race, creed, color, national origin, honorably discharged veteran or military status, the presence of any sensory, mental, or physical disability or the use of a trained dog guide or service animal by a person with a disability, or on the basis of any other class protected by federal, state or local law.

**Notice to applicant:** Pursuant to the Washington Public Disclosure Act, this form constitutes a public record and is subject to public release upon request. Under RCW 42.56.250, the residential addresses, telephone numbers and certain private information of the volunteers may be redacted from any such disclosure.

To the best of my knowledge, the information herein is true and complete. I understand that falsification of this application is grounds for termination of my volunteer status. Further, I give permission for an authorized representative of the City to conduct a state patrol criminal background check and other background checks and to inquire of individuals about my ability to perform all aspects of any volunteer position for which I am being considered and I release the City of Roy and those individuals/institutions that provide information from any liability that may arise from the provision of this information. I authorize the City to verify any of the information on this application and to secure information deemed necessary from employers, supervisors, and personal references to determine my suitability for the volunteer position I am seeking.

**I understand that this is an application to volunteer and that I will not be considered an employee of the City of Roy.** However, if accepted to volunteer, I agree: to abide by all safety rules and rules of conduct as required; to represent myself only as a volunteer and not as an employee or official of the City of Roy.

**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 of these risks, I shall, at all times, defend, indemnify, hold harmless and provide all legal defense and related services to the City of Roy, its officers, agents, and/or employees from any and all claims, expenses, demands, damages, judgments, causes of action, liability, loss or injury regardless of their nature or character in any manner whatsoever arising out of my volunteer service activities for the City of Roy,

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Background check completed by City of Roy Police Department by \_\_\_\_\_ (signature)

on \_\_\_\_/\_\_\_\_/20\_\_\_\_. Results (circle one) **are** / **are not** satisfactory.