

KENNEWICK RECREATION AND COMMUNITY SERVICES
210 W. 6TH AVE, KENNEWICK, WA 99336
PHONE: (509) 585-4293 E-MAIL: parkinfo@ci.kennewick.wa.us

Volunteer Application Form

(Please PRINT. Complete as fully as possible and return to the Kennewick Recreation office)

Full Name: _____

Address: _____ City/State/ZIP: _____

Day Phone: _____ Evening: _____ Cell: _____ E-mail: _____

Availability: Hours/days available? Su M T W Th F Sa AM _____ PM _____ On-going _____ On-call _____

(Please circle)

Male _____ Female _____ Youth (age) _____ Adult _____ (no age needed)

Emergency Contact Name #1: _____ Phone Number: _____

Emergency Contact Name #2: _____ Phone Number: _____

Do you currently volunteer anywhere? Yes No If "yes", please tell us where: _____

Contact person of above: _____ Day Phone: _____

Volunteer Interests: _____ Youth Sports _____ Youth Activities _____ Special Event(s) _____
_____ Day Camp _____ Office Work/Clerical _____ Other _____

List any skills, coaching/playing experience that you may have: (For example: typing, working w/the public, teaching a craft/class, computer skills, foreign languages, coaching and/or playing a sport, etc.)

Have you been convicted of a crime by a court of law within the last 10 years? _____ Yes _____ No
(A conviction will not necessarily bar you from volunteering.)

Please list two personal references who can speak knowledgeably of your ability to volunteer:

NAME	ADDRESS	TELEPHONE	OCCUPATION	YEARS KNOWN
1.				
2.				

I understand that all information on this form is voluntarily supplied and may be disclosed for volunteerism purposes only. I hereby volunteer my services and understand that I am not a paid employee of Kennewick Recreation and Community Services or the City of Kennewick. I agree to keep all information about clients, volunteers, or other individuals, obtained while volunteering, confidential. I realize and understand that there are certain risks inherent in the activity for which I am volunteering for. Also, in consideration of the fee charged for this program, I agree to hold the city of Kennewick, Pasco, Richland, all school districts involved in the program, and any employee or volunteer involved in the program harmless from, and indemnify them for, any damage or loss arising as a result of my (my child's) participation in this activity. I give permission to have my (my child's) photo taken during this program and used for publicity purposes by the City of Kennewick. I hereby give my consent for emergency medical treatment. I understand that this is to prevent undue delay and assure prompt treatment and that only a licensed healthcare provider will be engaged for such an emergency.

Volunteer Signature (or Parent/Guardian for minor child)

Date Signed

****Please complete the attached form for Authority for Release of Information.**

Return to the Kennewick Recreation Services, PO Box 6108, 210 W. 6th Ave., Kennewick, Washington, 99336.

For Office use only

Team # _____ Coach _____ Asst. Coach _____

Program: _____ Lead: _____

AUTHORITY FOR RELEASE OF INFORMATION

I authorize any law enforcement agency and/or Intelius (for nationwide/county employment background verification) 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 on account of compliance with this authorization. This release is binding for one year.

Please Complete All Sections: (Please Print Legibly)

Full Name: _____
(First Name) (Full Middle Name) (Last Name)

Previous Names/Maiden Name: _____

Current Address: _____

City/State/Zip: _____

Telephone #: _____

Date of Birth: _____ Social Security #: _____

Signature: _____ Date: _____
Signature may be obtained at interview for e-mail applications.

Other Addresses within the Last Two Years

Address: _____

City/State/Zip: _____

Address: _____

City/State/Zip: _____

FOR OFFICE USE ONLY:

Intelius Check Ran: _____

Sent to KPD: _____

ATTN: KPD RECORDS

When check is complete, please return to **Christy in the City Atty's Office**. Thank you!

KPD Check Clear: _____

KPD Check--See Attached: _____

KPD Clerk Initials: _____