

CITY OF ROY VOLUNTEER APPLICATION

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

Please check the areas that interest you:

PERSONAL INFORMATION (Please print a complete response to each item)			Date of Birth (DOB):		
First Name		Middle Name	Last Name	Primary Phone:	
Street Address:			City:	State:	Zip:
Office Administration	Government	Environmental Stewardship	Recreation and Education	Special Event Support	Public Safety
<input type="checkbox"/> Data Entry <input type="checkbox"/> Filing <input type="checkbox"/> General Office <input type="checkbox"/> Library Office <input type="checkbox"/> Computer Tech <input type="checkbox"/> Volunteer Coordinator	<input type="checkbox"/> Library Trustee <input type="checkbox"/> Planning Commissioner <input type="checkbox"/> Legal Support <input type="checkbox"/> Grant Writing	<input type="checkbox"/> Easement Adoption <input type="checkbox"/> Grounds Keeping <input type="checkbox"/> Canary Grass Control <input type="checkbox"/> Salmon Watcher <input type="checkbox"/> Housekeeping	<input type="checkbox"/> Afterschool Tutoring <input type="checkbox"/> Story time Reader <input type="checkbox"/> Teen Event <input type="checkbox"/> Chaperone <input type="checkbox"/> Arts/Crafts	<input type="checkbox"/> Music/Audio <input type="checkbox"/> Procurement <input type="checkbox"/> Project Management <input type="checkbox"/> Registration <input type="checkbox"/> Set up/breakdown <input type="checkbox"/> Construction	<input type="checkbox"/> Safe Streets Team Member <input type="checkbox"/> Receptionist <input type="checkbox"/> Evidence Tech

List any areas of interest not included above:

Please list any hobbies, skills or special knowledge you think would help in your volunteering including proficiency in languages.

Please give your current status (student, worker, retired, homemaker): _____

Do you need to fulfill a specific requirement for service hours? Yes No

If yes, please check below:

School or college Court Mandated Total number of hours required: _____

Organization _____ Other _____

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.

Please list any previous work and/or volunteer experiences:

Organization	Start Date	End Date	Position/Responsibilities Skills Required

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

Day of the Week	Morning	Afternoon	Evening
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

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

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? _____

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

Name: _____ Relationship: _____ Phone: _____

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

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 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.

Signature

Date

Background check completed by Roy Police Department with satisfactory results on ___/___/20___ (date) by _____ (signature).