

APPLICATION FOR VOLUNTEER SERVICE

Bainbridge Island Metropolitan Park & Recreation District
7666 NE High School Road
Bainbridge Island, WA 98110
(206)842-2306

APPLICATION DATE _____

NAME: (PLEASE PRINT) _____ E-MAIL ADDRESS: _____

ADDRESS: _____ BIRTH DATE: _____
Number Street City State Zip (if under 18 yrs)

TELEPHONE: _____
Home Cell Work

IN CASE OF EMERGENCY, PLEASE NOTIFY:

Name	Phone	Relationship
<p>The Bainbridge Island Metropolitan Park & Recreation District is mindful of its obligation to employ qualified persons and its entitlement under the law to consider an applicant's conviction records as its relates to job performance.</p> <p>A CONVICTION RECORD WILL NOT DISQUALIFY YOU FOR EMPLOYMENT UNLESS SUCH RECORD WOULD REASONABLY AFFECT YOUR FITNESS FOR THE POSITION FOR WHICH YOU HAVE APPLIED.</p> <p>Have you ever been convicted of any crime against children or other persons: Yes___ No___</p> <p>Have you every been convicted of crimes relating to financial exploitation if the victim was a vulnerable adult? Yes___ No___</p> <p>Have you ever been found in any dependency action to have sexually assaulted or exploited any minor or to have physically abused any minor? Yes___ No___</p> <p>Have you ever been found by a court in a domestic relations proceeding to have sexually abused or exploited any minor or to have physically abused any minor? Yes___ No___</p> <p>Have you ever been found in any disciplinary board final decision to have sexually or physically abused or exploited any minor or developmentally disabled person or to have abused or financially exploited any vulnerable adult? Yes___ No___</p> <p>Have you ever been found by a court in a protection proceeding to have abused or financially exploited a vulnerable adult? Yes___ No___</p>		

To the best of my knowledge, the information herein is true and complete. I understand that falsification of this application will be grounds for elimination from further consideration or, if employed, for dismissal at any time. An incomplete application may result in disqualification.

Signature

Date

VOLUNTEER EXPERIENCE: (PLEASE LIST THE ORGANIZATIONS FOR WHICH YOU HAVE VOLUNTEERED & THE KINDS OF WORK YOU DID FOR THEM)

EDUCATIONAL BACKGROUND: _____

WORK EXPERIENCE: (PLEASE DESCRIBE YOUR WORK HISTORY, LISTING CURRENT AND PAST POSITIONS) _____

INSURANCE INFORMATION

Dear Volunteer:

Thank you for volunteering your time with the Bainbridge Island Metropolitan Park & Recreation District. We are pleased that you have chosen the District and hope that the time you spend will be rewarding to you

While we have an excellent safety record for our volunteer program, and therefore do not anticipate that you will be involved in an accident involving bodily injury or property damage, it is important that you understand the extent to which your volunteer activities are covered by the Park District’s insurance. Please read the following information carefully.

As a volunteer, you are not covered by the District’s Worker Compensation program. You are therefore, urged to have your own health insurance in the event you are injured while performing your volunteer duties.

You are covered by the District’s General Liability Insurance, which will protect you in the event of property damage or accidental injury to the public as a result of your performance of volunteer duties assigned by the Bainbridge Island Metropolitan Park & Recreation District.

In addition should you be asked to drive a District vehicle as a part of your volunteer duties, you will be covered for property damage or bodily injury to you or others resulting from a vehicle accident. Before you drive a district vehicle, however, you will be required to pass a road test administered by district personnel.

If you drive your own vehicle to perform your assigned volunteer duties, the above liability coverage applies: however, you must carry your own auto insurance to be eligible for coverage by the general liability insurance provided by the District.

I HAVE READ AND UNDERSTAND THE FOREGOING INFORMATION ON VOLUNTEERS AND INSURANCE.

Signature (Parent or Guardian if Under 18)

Date