



City of Camas

616 NE 4th Ave.
Camas, WA 98607
Phone: 360-834-6864
Fax: 360-834-1535
www.cityofcamas.us



VOLUNTEER APPLICATION

Name: _____
(Last) (First) (M.I.)

Address: _____ City: _____ Zip: _____

Home Telephone: _____ Work or Cell Telephone: _____

E-mail Address: _____

Are you over the age of 18?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If not, are you age 15, 16, or 17?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are you currently an employee of the City of Camas?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

If yes, state job title: _____

To help the City assist you in placement, are there any reasonable accommodations that should be considered?
If so, please describe: _____

In case of emergency, please contact:
Name: _____ Phone: _____ Relationship: _____

Have you ever been convicted* of a felony, misdemeanor crime involving theft or assault, or major traffic offenses within the past seven (7) years? *Note: A conviction will not necessarily bar you from serving as a volunteer.
Yes No

If yes, please explain: _____

A. As a volunteer for the City of Camas, **I agree to follow all of the rules outlined in the City's volunteer policy.** I will use all provided equipment appropriately and follow all safety practices. I am aware that the work associated with being a City volunteer involves certain risks of physical injury or death. Being fully informed as to these risks and in consideration of being given the opportunity to participate in the City's volunteer program, I hereby, on behalf of myself and my heirs, assume all risks in connection with my participation in this program, and I further hold harmless the City of Camas, its officials, employees, and agents for any injury or damages which may occur to me while I am participating in this program, and I waive any right to bring claim or lawsuit against them for any such injury, damage, or death. Furthermore, I agree to hold harmless, defend and indemnify the City of Camas, its officials, employees and agents from any and all claims and lawsuits for injury, loss, or damage to other persons or entities which may arise in the future as a result of or in connection with my participation in the volunteer program except for injuries or damages caused by the sole negligence of the City. I authorize any necessary emergency medical treatment that

might be required for me in the event of physical injury and/or accident to me while participating in this program. I agree to be the party responsible for all medical expenses which are incurred in my behalf.

Signature: _____ Date: _____

B. If the volunteer candidate is under 18 years of age, parent or legal guardian must read and sign below: I certify that I am the parent or legal guardian of the volunteer above named; that I have read and understood the foregoing release and waiver; and that in consideration of allowing the volunteer to participate in the City's volunteer program, I join in the release and waiver without reservation and agree to release and waive any claim or legal cause of action that I might have arising out of any personal injury, damage, or death of the participant against the City of Camas, its officials, employees, and agents. I further grant my full consent and authorization for the above-named volunteer to engage in the activity described above. Furthermore, I authorize all reasonable medical treatment that may be necessitated in the event of injury or accident occurring to the participant named above while working in the volunteer program. I agree to be the party responsible for all medical expenses that are incurred on my child's behalf.

Parent or Legal Guardian Signature: _____ Date: _____

Printed Name: _____ Relationship to Volunteer: _____

C. If volunteering requires you to drive, please complete the following information:

(Your driving record will be checked. Applicant must show proof of insurance.)

Do you possess a valid State Driver's License? Yes No

Do you possess current vehicle insurance? Yes No

State Driver's License number: _____ Expiration date: _____

D. If you would like to volunteer in a capacity that would place you in unsupervised access to children, the disabled, or the elderly, please complete the following information:

Last Name	First Name	Middle Initial	Date of Birth
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I give permission for an authorized representative of the City of Camas to conduct a criminal background check. I release the City of Camas and those individuals and/or institutions that provide information from any liability that may arise from the provision of this information.

Signature: _____

It is the policy of the City of Camas to maintain confidentiality in regard to volunteer application information.

To the best of my knowledge, the information provided herein is true and complete. I understand that falsification of this application will be grounds for dismissal as a volunteer. I also acknowledge that I have received and agreed to read the City of Camas Volunteer Handbook.

By signing this application, I acknowledge I have received the following policies: Substance Abuse Policy, Anti-Harassment Policy, No Smoking Policy, Technology Resources Usage Policy, and Workplace Violence Prevention Policy.

Signature: _____ Date: _____

Staff Use Only: Lib P&R PW B&C