



**parks** | ambassador  
& trails | program

## Volunteer Park Ambassador Application Questionnaire

**MUST BE 18 YEARS OF AGE**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

How did you hear about the Park Ambassador Program?

\_\_\_\_\_

Why would you like to be a Park Ambassador? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you willing and able to volunteer 100 hours per year (averages 2 hrs. per week)? \_\_\_\_\_

What skills and background do you bring to this opportunity that you think might be helpful? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What things do you anticipate might keep you from being able to do this work well?

\_\_\_\_\_

\_\_\_\_\_

What kinds of activities are you interested in doing for Snohomish County Park System?

\_\_\_\_\_

\_\_\_\_\_

What kinds of activities are you not interested in? \_\_\_\_\_

Are you comfortable meeting new people and talking with them and providing them information? \_\_\_\_\_

Are you comfortable approaching people you don't know? \_\_\_\_\_

If you observed a person breaking a park rule, how would you approach this? \_\_\_\_\_

\_\_\_\_\_

(over)

Do you volunteer/or have you volunteered for any other organization? \_\_\_\_\_ Where did you volunteer and what kinds of work did you do?

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Do you have any previous experience working with the public? If so please describe: \_\_\_\_\_

**INTERESTS**

In order for the Snohomish County Park Ambassador Program to help match your interests and skills with parks, trails and open spaces, please check all activities that you have participated in the last several years:

- |   |  |
|---|--|
| <input type="checkbox"/> Hiking                           | <input type="checkbox"/> Fishing                                 |
| <input type="checkbox"/> Active Sports                    | <input type="checkbox"/> Environmental Restoration/Tree Planting |
| <input type="checkbox"/> Horseback riding                 | <input type="checkbox"/> Trail Maintenance & Construction        |
| <input type="checkbox"/> Swimming                         | <input type="checkbox"/> Gardening                               |
| <input type="checkbox"/> Bird Watching/Wildlife Study     | <input type="checkbox"/> Picnicking/Camping                      |
| <input type="checkbox"/> Bicycling / Maintenance / Safety | <input type="checkbox"/> Other (specify): _____                  |

**IMPORTANT:** Do you have a specific park, trail or open space where you want to volunteer? (please list all)

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**SKILLS**

**Do you have a background in any of the following?**

- |  |  |
|--|--|
| <input type="checkbox"/> Interpreting the natural world for other people | <input type="checkbox"/> Stewarding a natural area |
| <input type="checkbox"/> Explaining the history or background of a place | <input type="checkbox"/> Teaching others           |
| <input type="checkbox"/> Surveying natural features                      | <input type="checkbox"/> Organizing presentations  |
| <input type="checkbox"/> Monitoring wildlife/plants/other _____          |  |

**Which of the following areas do you feel you have particular skills in?**

- |  |  |
|--|--|
| <input type="checkbox"/> Communicating with Others | <input type="checkbox"/> Patience with People                        |
| <input type="checkbox"/> Reading Maps              | <input type="checkbox"/> Working with Older Adults                   |
| <input type="checkbox"/> Working with Kids         | <input type="checkbox"/> Reacting to Emergencies                     |
| <input type="checkbox"/> Organizing                | <input type="checkbox"/> Working with Special Needs/Disabled Persons |

**Do you have?**

- |  |                                      |
|--|--------------------------------------|
| <input type="checkbox"/> Washington State Driver's License | <input type="checkbox"/> CPR Card    |
| <input type="checkbox"/> Standard First Aid Care           | <input type="checkbox"/> Other _____ |

**Background Investigation Disclosure Statement**

Pursuant to 43.43.834(2), all applicants who have been offered a position as an employee or a volunteer, and in which position the person may have unsupervised access to children under sixteen years of age, to developmentally disable persons, or to vulnerable adults, are required to disclose the following information:

1.	<p>Have you ever been convicted of any crime against children or other persons*?  <i>* "Crimes against children or other persons" (as identified in RCW 43.43.830) means a conviction of any of the following offenses: Aggravated murder; first or second degree murder; first or second degree kidnapping; first second or third degree assault; first, second or third degree assault of a child; first, second or third degree rape; first, second or third degree rape of a child; first or second degree robbery; first degree arson; first degree burglary; first or second degree manslaughter; first or second degree extortion; indecent liberties; incest; vehicular homicide; first degree promoting prostitution; communication with a minor; unlawful imprisonment; simple assault; sexual exploitation of minors; first or second degree criminal mistreatment; child abuse or neglect as defined in RCW 26.44.020; first or second degree custodial interference; malicious harassment; first, second or third degree child molestation; first or second degree sexual misconduct with a minor; patronizing a juvenile prostitute; child abandonment; promoting pornography; selling or distributing erotic material to a minor; custodial assault; violation of child abuse restraining order; child buying or selling; prostitution; felony indecent exposure; or any of these crimes as they may be renamed in the future.</i></p>	<input type="checkbox"/> Yes  <input type="checkbox"/> No
2.	<p>Have you been convicted of crimes relating to financial exploitation* where the victim was a vulnerable adult**?  <i>* Pursuant to RCW 43.43.832, "crimes relating to financial exploitation" means a conviction for first, second, or third degree extortion; first, second or third degree theft; first or second degree robbery; forgery; or any of these crimes as they may be renamed in the future. "Financial exploitation" means the illegal or improper use of a vulnerable adult or that adult's resources for another person's profit or advantage.            ** Pursuant to RCW 43.43.832, "vulnerable adult" means "vulnerable adult" as defined in RCW Chapter 74.34, except that for the purposes of requesting and receiving background checks pursuant to RCW 43.43.832, it shall also include adults of any age who lack the functional, mental, or physical ability to care for themselves.</i></p>	<input type="checkbox"/> Yes  <input type="checkbox"/> No
3.	<p>Have you been found in any dependency action under RCW 13.34.040 to have sexually assaulted or exploited any minor or to have physically abused any minor?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	<p>Have you been found by a court in a domestic relations proceeding under Title 26 RCW to have sexually abused or exploited any minor or to have physically abused any minor?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	<p>Have you 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 a vulnerable adult?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	<p>Have you been found by a court in a protection proceeding under Chapter 74.34 RCW, to have abused or financially exploited a vulnerable adult?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	<p>Have you ever been convicted of crimes related to drugs*?  <i>* "Crimes related to drugs" (as identified in RCW 43.43.830) means a conviction of a crime to manufacture, delivery, or possession with intent to manufacture or deliver a controlled substance.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

If the answer is YES to any of the previous questions, please describe the location, date and facts of the conviction and make reference to the question being answered:

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Pursuant to RCW 9A.72.085, I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Applicant's Signature	Signed at (City, State)
Applicant's Name (Print)	Today's Date

**FOR MORE INFORMATION**

Park Ambassadors receive a park system orientation. What other areas and subjects, related to the parks, would you like to learn about?

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Do you have any questions that you would like to have answered before you enroll as an Ambassador?

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**For further information on program or application process please contact:**

***Tony Trofimczuk, Recreation Supervisor - Volunteer Program Coordinator***

**Phone: 425-388-6604**

**Email: [tony.trofimczuk@snoco.org](mailto:tony.trofimczuk@snoco.org)**