



Snohomish County Parks & Recreation Individual Volunteer Application

General Information

Name: _____ Date: _____

Address: _____ City, State Zip: _____

Home Phone: _____ Work Phone: _____ Email: _____

In case of emergency, please contact:

Name: _____ Relationship: _____

Home Phone: _____ Emergency Phone: _____

Volunteer Opportunities

In order for Snohomish County's Volunteer Program to best match your interests and skills with available projects, please check all opportunities that are of interest:

- | | |
|---|---|
| <input type="checkbox"/> Trash/Clean-up <input type="checkbox"/> Recreation Programs <input type="checkbox"/> School Directed Community Service <input type="checkbox"/> Environmental Restoration | <input type="checkbox"/> Trail Maintenance & Construction <input type="checkbox"/> Park & Trail Ambassador (must be 18) <input type="checkbox"/> Adult Community Service <input type="checkbox"/> Other (specify): _____ |
|---|---|

Project Description (If Applicable)

Staff Lead: _____

Project Description: _____

Availability - Please specify times available to volunteer

| | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|---------------------------------|--------|---------|-----------|----------|--------|----------|--------|
| Morning 9am -Noon | | | | | | | |
| Afternoon 12 - 5:00pm | | | | | | | |
| Evening 5 - 9:00pm | | | | | | | |

Past Experiences & References

Employment and/or volunteer experience: _____

Education & training: _____

Special skills or hobbies: _____

Reference:

Name: _____ Phone: _____ Relationship: _____

Volunteer Service Agreement

Agreement:

By my signature below, I agree to volunteer my services without compensation and willingly agree to:

- Register as a volunteer worker for Snohomish County Parks;
- Follow all safety rules and regulations, avoid all hazards and refuse to perform any work assignment I feel I am not qualified to perform;
- Accept responsibility for the safe use and maintenance of tools and equipment use as part of my volunteer service;
- Represent Snohomish County Parks and fellow volunteers/organizations in a positive, professional way, following all directions and advice offered by my project supervisor;
- I have not been charged with a misdemeanor or felony;

Does the volunteer activity that you will be performing require any licenses, i.e. professional /trade /recreational as listed with WA State Department of Licensing, WA State Department of Health, WA Department of Labor and Industries, or any other state agency as required by state law? **If so, please list the license number(s) and/or other required insurance and/or bonding information below your name.**

Do you have any medical conditions that may preclude you from doing certain volunteer activities? If so, please refrain from doing such activities.

REGISTRATION AND CONDITIONS OF VOLUNTEER SERVICE

Please read the following: your signature indicates you understand and agree. Any questions please check with your supervisor.

VOLUNTEER WORKERS

I understand that as a volunteer worker as defined by RCW 51.12.035, I am responsible to register as a volunteer worker. I agree to submit the number of hours volunteered to the project manager/supervisor and to abide by the policies, procedures and guidelines set forth by Snohomish County Parks Department.

VOLUNTEER - NOT AN EMPLOYEE OF SNOHOMISH COUNTY PARKS

I understand that I am not an employee of Snohomish County Parks and I agree that I will not misrepresent myself or claim to be an officer or employee of Snohomish County or claim any right, privilege or benefit which would accrue to an employee under Chapter 41.06 RCW, Chapter 28B.16 RCW or any other applicable state law. I acknowledge that I will not receive personal compensation for services rendered through volunteer activities.

HOLD HARMLESS AGREEMENT

I understand and agree to hold harmless and waive all claims of liability against Snohomish County, except for claims and damages associated with Snohomish County's sole negligence.

ACCIDENTS/INJURIES WHILE VOLUNTEERING

If an accident occurs while performing as a volunteer, the accident must be reported to the Snohomish County Parks program coordinator immediately or within 24 hours. It is understood that if a volunteer is injured while performing volunteer activities the volunteer may be eligible for workers' compensation benefits as described in RCW 51.12.035. In addition, registered volunteers may be afforded liability coverage through the County's self-insured liability program. For specific information please contact the Snohomish County Risk Manager in the County Finance Department (425) 388-3726.

NONDISCRIMINATION



Group Project Volunteer Timesheet

I understand that during my performance as a volunteer for Snohomish County, I shall comply with all federal and state nondiscrimination laws, regulations and policies.

BACKGROUND INVESTIGATION

I understand that the agency may conduct a background investigation as part of this application process. I authorize the background investigation by my signature.

TRAINING

Training is required for all volunteers registered with Snohomish County. Applicable training will be provided by my volunteer project supervisor or Parks Department staff.

TIMESHEETS

I understand that I must submit my hours worked as a volunteer. Failure to document my time may make me ineligible to receive benefits per RCE 51.12.035

Signature: _____ Date: _____

For youth under 18 years of age: _____ has my permission to accept an assignment as a volunteer for Snohomish County. I acknowledge that there may be risks in the volunteer assignment and agree contact the Parks Department to learn more about any risk associated with the volunteer activities..

Signature of Parent/Legal Guardian: _____ Date: _____

For More Information -- Please contact our Volunteer/Community Outreach Coordinator

Rich Patton
Operations Supervisor Volunteer/Community Outreach Coordinator
Snohomish County Parks and Recreation
6705 Puget Park Dr.
Snohomish, WA 98296
Phone: (425)388-6609 **Fax:** (425)388-6645 **Email:** rich.patton@snoco.org

----- To Be Completed By Staff -----

Background Check Completed: Yes _____ No _____ (if completed attach copy of background check)

Project Approved By: _____ Date: _____

Group Name: _____ **Project Name:** _____

Contact Name: _____ **Phone No.** _____

County Staff Coordinator: _____