Port District #2/ Volunteer/ Park Host Application Form

Applicants for this position are required to consent to a criminal background check. An applicant who has been convicted of a criminal offense relevant to the position may be disqualified from consideration for the position.

Name of Applicant:

_____

Second Applicant (if couple)_____

Street Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____ Phone: _____

Cell Phone Number:_____

Check location(s) where you would like to volunteer in order of preference:

_____ Vista Park _____ Svensen Park Preferred Dates of Service: _____ to _____

What type of volunteer service do you prefer?

☐ Park Host ☐ Boat Launch Volunteer ☐ Grounds Maintenance

☐ Office/Clerical ☐ Facility Maintenance ☐ Beach Maintenance

Please list skills and interests you bring to this opportunity:

Have you previously served as a park host or volunteer? ☐ Yes ☐ No

If yes, please list the location and provide contact information:

_____ _____ _____

Location Contact Person Phone number

If no, please list **two** work or volunteer references and contact information:

_____ _____ _____

Organization Name Contact Person Phone number

_____ _____ _____

Organization Name Contact Person Phone number

Please describe any other experience you have as a volunteer:

Have you been convicted of a felony or subjected to a deferred adjudication on a felony charge? ☐ Yes ☐ No

If yes, please explain:

Have you had any moving traffic violations in the past two years? ☐ Yes ☐ No
If yes, please explain:

In case of emergency, please explain:

Name:_____
Relationship:_____
Phone Number: _____ **Cell Phone Number:**_____
Street Address: _____ **City:** _____ **State:**____
Zip:_____

Volunteer Agreement:

I affirm that the information I have provided is true and correct to the best of my knowledge. I agree to conform to the regulations and rules of Port District #2 of Wahkiakum County, Washington and that the volunteer relationship may be ended at any time by me or Port District #2. I understand that a criminal history check may be conducted before my volunteer service begins. I further agree to inform Port District #2 if I am named in a criminal indictment or convicted of an offense.

I understand that I will begin on a trial basis and agree to participate in orientation and any required training. I also understand that volunteer service is NOT employment and that volunteering provides no promise of future employment.

_____ _____
Applicant Signature **Date**

_____ _____
Second Applicant Signature **Date**

For Port #2 Staff:

Application Received on: _____ (Date)

Criminal History Check submitted: _____ (Date)

Service began on:_____ Service ended on: _____
Date Date

Signed: _____
Port Manager

Authorization and Consent for Disclosure of Criminal History Information

In connection with the evaluation of my suitability for employment or volunteer status, I give my consent for Port District #2 of Wahkiakum County to obtain criminal history information related to my application for employment or volunteer status. I understand that criminal history information includes any criminal conviction records for deferred adjudication, misdemeanor or felony offenses at age 17 or older. Any such information will be used solely for employment/volunteer status related considerations and not for any other purpose.

I authorize, consent, and grant permission to any person or entity to release to Port District #2 of Wahkiakum County or its agent(s) any and all information regarding my criminal history. I waive and and all claims I may have with respect to providing such information. I understand that Port District #2 and its agent(s) are not responsible for the accuracy or completeness of the information contained in such reports. I release Port District #2 and its agent(s) from any and all liability, claims, and lawsuits with respect to the information obtained from any or all the sources used by Port District #2 and its agent(s).

I understand that this authorization is not an offer of employment/volunteer status by Port District #2 and that any false or misleading information I have provided to Port District #2 may result in a refusal to hire, promote, reassign, or continue employment/volunteer status. I also understand that this authorization is a continuing authorization and will remain valid until such time as I inform Port District #2 in writing that I revoke this authorization.

Please Legibly Print or Type:

To be considered for:

☐ a volunteer position or ☐ an employee position.

Position Title: _____ Location: ☐ Vista Park ☐ Svensen Park

Print Name:

_____
(Last) (First) (Middle)

Address:

_____
(Street) (City) (State)
(Zip)

Date of Birth: _____ ☐ Male ☐ Female
(MM / DD / YYYY)

Social Security Number: _____

Driver's License Number: _____
(State) (Number)

_____ _____
Signature of Applicant may be obtained during interview or any time prior to hire. Date

Agreement Regarding Organizational Service With Port District #2 of Wahkiakum County

I _____ hereby volunteer my services to perform only the services as outline in the scope of volunteer work for Port 2. I understand I will not be compensated for my work but I volunteer to do so in a responsible manner. If I decide to discontinue my volunteer service I will notify the Port Manager.

Further, I hereby identify that I am capable of performing the duties as outlined in the scope of volunteer work without accommodation or with the following accommodations:

_____

_____

_____

In consideration of Port 2 giving me permission to perform these volunteer services, I agree to the following terms:

1.		I understand that I am not to appear for volunteer service under the influence of any drugs or alcohol.
2.		I will abide by all District policies regarding personal conduct while performing volunteer services.
3.		I agree not to go beyond the scope of volunteer work agreed to without authorization.
4.		Should any injury occur during the scope of my service, I understand that:
		Port 2 has included my hours of volunteer service in the State Labor and Industries coverage for volunteer workers.
		I understand that I am to report any on-the-job injury or illness, no matter how minor, to the Port Manager.
5.		Depending on the scope of volunteer work, the following policies may apply:
		_ Driving _____ Safety Procedures
		_ Computer Operation _____ Discipline Policy
		_ _____ _____ _____
6.		I acknowledge that I have been trained on the above initialed polices and understand them and/or have had the opportunity to ask any questions.
7.		I consent to Port 2 performing a background check into my history in accordance with RCW 43.43.830-839 and waive any right of privacy I may have in such information for the limited purpose of Port 2 considering it for determining my suitability as a volunteer. (To be used for volunteers who will have unsupervised access to children, developmentally disabled persons, or vulnerable adults who will be working with confidential information).
8.		I understand that I or Port 2 may terminate this agreement at any time to discontinue such without prior notice or reason.
9.		I agree to hold Port Two harmless, its officials, employees and agents for any damage claim or lawsuit for injury, illness or damage or loss of any kind to me arising out of my performance in any way of the volunteer services outlined above.

This agreement will be in effect for the duration of my volunteer services beginning this date.

Dated this _____ day of _____, 20____.

_____ _____

Port 2 Manager Volunteer's Signature

_____

_____

Address

_____

Phone Number