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VOLUNTEER FORM

Full Name: _____
 First _____ Middle _____ Last _____
 Date of Birth: ___ / ___ / ___ (required) Mailing Address: _____
 Phone: (____) _____ City: _____ Zip: _____
 Email: _____
 Drivers License Number: _____ (Copy Required)

References:
 Name: _____ Phone: (____) _____
 Name: _____ Phone: (____) _____
 Name: _____ Phone: (____) _____

POSITION VOLUNTEERING FOR:

Coach
 Assist Coach
 Team Parent
 Help w/Team
 Help w/Events and Activities

I AM A:

Parent
 Family Member
 Other: _____

Statement: I have completed and signed the Application Disclosure and Washington State Patrol Request for Criminal History Information on the back of this form (incompliance with state law RCW 43.43.830 through 43.43.845). I understand that a Washington State Patrol Background Check must be completed and approved. I must also attend a training/meeting **PRIOR TO** volunteering and, in some cases an interview may be required. I understand that regular communication with the Orting Parks and Recreation Department is important and that if for some reason I am not able to fulfill my obligation I will contact the Parks and Recreation Director. Approval of this application is valid for the current calendar year.

Applicants Signature: _____ Date: ___ / ___ / ___

FOR APPLICANTS UNDER AGE 18: Parent Signature REQUIRED below!

Parent: I give permission for the above-named child to be a volunteer for Orting Parks and Recreation.

Parent Signature: _____ Date: ___ / ___ / ___

NOTE: Completion of this form is required each calendar year. The information you provide will be included in a data base for the Orting Parks and Recreation staff use only. The results of your background check will be confidential and you will be contacted after the background has been completed.

COMPLETION OF THE REVERSE SIDE OF THIS APPLICATION IS REQUIRED!

DISCLOSURE FORM FOR PROSPECTIVE VOLUNTEERS

Pursuant to Chapter 43.43 RCW

In accordance with RCW 43.43.830, applicants and prospective volunteers are required to complete this disclosure form. The law also provides that City of Orting may request a background investigation through the Washington State Patrol Criminal Identification Division and inquire with former employers or references and obtain any and all information regarding an individual's job-related background. For the safety of our Children the City of Orting requires that all volunteers must complete this form.

Answer YES or NO to each item listed. If the answer is yes to any item, explain in the area provided, indicating the charge or finding, the date and court(s) involved.

1. Have you ever been convicted of any crimes against persons as defined in RCW 43.43.830 and listed as follows: Aggravated murder; first, second or third degree murder; assault, rape, statutory rape, child molestation; first or second degree kidnapping, robbery, manslaughter, extortion, criminal mistreatment, custodial interference, sexual misconduct with a minor; first degree arson, burglary, promoting prostitution; first or second degree extortion; indecent liberties, incest vehicular homicide; 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; malicious harassment; 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; criminal abandonment; or any of these crimes as they may be renamed in the future?
Answer _____ If yes, explain: _____
2. Have you ever been convicted of any crime relating to financial exploitation if the victim was vulnerable adult as defined in Chapter 43.43.830(6) RCW amended, and listed as follows: first, second, or third degree theft, first second degree robbery; forgery; or any of these crimes as they may be renamed in the future?
Answer _____ If yes, explain: _____
3. Have you been convicted of any crime related to drugs as defined RCW 43.43.830 as follows: A crime to manufacture, deliver, or possess with the intent to manufacture or deliver a controlled substance?
Answer _____ If yes, explain: _____
4. 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?
Answer _____ If yes, explain: _____
5. Have you ever been found by a court in a domestic relations proceeding under Title 26 RCW to have sexually assaulted or exploited any minor or to have physically abused any minor?
Answer _____ If yes, explain: _____
6. Have you ever been found in any disciplinary board final decision, by the director of the department of licensing, to have sexually abused to exploited any minor or to have physically abused or exploited any minor or developmentally disabled person or to have abused or to have abused or financially exploited any vulnerable adult?
Answer _____ If yes, explain: _____
7. Have you ever been, in the last seven years, released from prison or convicted of any offense?
Answer _____ If yes, explain: _____

Pursuant to RCW 9A.72.085: I certify under penalty of perjury under the law of the State of Washington that the foregoing is true and correct. I authorize City of Orting to make such investigations and inquiries as may be necessary in arriving at a volunteer placement decision. I further authorize any person contacted by City of Orting to provide information to the City of Orting. I release and hold harmless the City of Orting, my former employers, schools, or persons, from any and all liability in responding to inquiries in connection with my application. I understand that information from such individuals will not be made available to me. I understand that any offer of volunteer placement is contingent upon an acceptable outcome of the criminal records check. I agree that the City of Orting may, at its discretion, preclude me from volunteer service if, among other reasons, I provide misleading or incomplete statements. I understand that I am required to abide by all policies, procedures and regulations of the City of Orting.

Print FULL Name: _____ Signature: _____ Date: ___/___/___

Approved

Not Approved

Date: ___/___/___

Initials: _____