



PARKS, RECREATION &  
COMMUNITY SERVICES

Volunteer Application

Please return this application to:

**City of Port Townsend**  
**Parks, Recreation & Community Services**  
1925 Blaine Street  
Port Townsend, WA 98368

GENERAL INFORMATION

Name (First, Middle Initial, Last)	Date of Birth:
Mailing Address:	City, State, Zip:
Day Phone:	Email:
Evening Phone:	Do you have current First Aid?    YES   NO Do you have current CPR?        YES   NO

EDUCATION/KNOWLEDGE/SKILLS

Last grade completed:	Degree and/or Major:
Name of school, if presently in school:	
Occupation/Work Experience:	
Place of employment, if employed:	
Volunteer Experience:	
Special training/courses (include computer training):	
Are you fluent in any languages other than English?   No   Yes.    If yes, please list	

Indicate the type of volunteer work you are interested in

<input type="checkbox"/> Adopt-a-Park	<input type="checkbox"/> Police Department	<input type="checkbox"/> Building & Community Development
<input type="checkbox"/> One day park project	<input type="checkbox"/> Fire Department	<input type="checkbox"/> City Administration
<input type="checkbox"/> Public Works	<input type="checkbox"/> Finance Department	<input type="checkbox"/> Library
<input type="checkbox"/>	<input type="checkbox"/>	

Time Commitment (check one category):     1 day     1 month     6 months     1 year

### REFERENCES

Please list three people (not related to you) that we could call for a reference:

Name _____ Phone _____ (home) _____ (work) _____ Relation to applicant _____ Length of Acquaintance _____
Name _____ Phone _____ (home) _____ (work) _____ Relation to applicant _____ Length of Acquaintance _____
Name _____ Phone _____ (home) _____ (work) _____ Relation to applicant _____ Length of Acquaintance _____

### EMERGENCY CONTACTS

Please list two people to notify in case of emergency. *If under 18 years of age, please list a parent/guardian as ONE of the two people to contact in case of an emergency.*

Name _____ Relationship _____ Address _____ City, State, Zip _____ Phone (home) _____ (work) _____
Name _____ Relationship _____ Address _____ City, State, Zip _____ Phone (home) _____ (work) _____

### ACCOMMODATIONS

**PLEASE NOTE:** The city of Port Townsend will provide reasonable accommodations for the testing and interviewing of qualified volunteer applications upon request. Providing for accommodations will not affect consideration of your application. Please indicate if an accommodation is necessary and how we might assist you.

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**GENERAL INTEREST**

1. What would you like to get out of volunteering? What would make you feel you have been successful?
2. What aspects have you enjoyed most about your previous paid or volunteer work?
3. What skills or strengths do you feel you have to contribute?
4. If you become employed (if not currently), how will this affect your volunteer work?

Notice to Volunteers

Volunteers are not considered to be City of Port Townsend employees for any purpose. Injury compensation will be provided as described in the Volunteer Agreement. The data furnished on this form is furnished voluntarily and will only be used to contact, interview and place volunteers in their assignments. Volunteers are expected to track all hours served on the Volunteer Hours Record Form provided. This is a requirement for volunteering with the City of Port Townsend and provides injury compensation, should that be necessary, and recognition benefits. Selection and dismissal as a volunteer is totally at the discretion of the department head or elected official and may be with or without cause. No property rights are created by volunteering for the City.

**SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

**CITY OF PORT TOWNSEND ONLY BELOW THIS POINT**

Date Received \_\_\_\_\_ Department/Program \_\_\_\_\_

Supervising Dept. \_\_\_\_\_ Dept. Contact & Phone \_\_\_\_\_ Date Sent \_\_\_\_\_ Date Started \_\_\_\_\_

Supervising Dept. \_\_\_\_\_ Dept. Contact & Phone \_\_\_\_\_ Date Sent \_\_\_\_\_ Date Started \_\_\_\_\_

Background conducted: Yes No

Additional processing Comments: