



Office of Human Resources  
 818 East Edison Avenue  
 Sunnyside, Washington 98944  
 (509) 836-6388 Office, (509) 515-0421 Fax

**2024 Volunteer Application Form**

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

Availability: Hours/days available (Please Circle): Su M T W Th F Sa AM\_\_PM\_\_

On-going \_\_\_ On-Call \_\_\_ Male \_\_\_ Female \_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

(\*Minors 17 and younger must be supervised by an adult and have written consent of a parent or legal guardian prior to volunteering)

Emergency Contact Name #1: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Emergency Contact Name #2: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Do you currently volunteer: \_\_\_ Yes \_\_\_ No If "yes", where do you volunteer? \_\_\_\_\_

List the type of volunteer work you do: \_\_\_\_\_

Name of Supervisor you report to when volunteering: \_\_\_\_\_

Supervisor's Day Phone: \_\_\_\_\_

**Volunteer Interests:**

- \_\_\_\_\_ Youth Sports      \_\_\_\_\_ Youth Activities      \_\_\_\_\_ Special Events
- \_\_\_\_\_ Day Camp      \_\_\_\_\_ Office Work/Clerical      \_\_\_\_\_ Kitchen Assistance
- \_\_\_\_\_ Newsletter Folding and/or mail Preparation      \_\_\_\_\_ Adult or Senior Programs
- \_\_\_\_\_ Other: \_\_\_\_\_

List any skills, coaching/playing experience that you may have: (For example: typing, working w/the public, teaching a craft/class, computer skills, foreign languages, coaching and/or playing a sport, event planning, kitchen experience, etc.)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you been convicted of a crime by a court of law within the last 10 years? \_\_\_ Yes \_\_\_ No  
 (A conviction will not bar you from volunteering)

Please list two personal references who can speak knowledgeably of your ability to volunteer:

NAME	ADDRESS	TELEPHONE	OCCUPATION	YEARS KNOWN

I understand that all information on this form is voluntarily supplied and may be disclosed for volunteerism purposes only. I hereby volunteer my services and understand that I am not a paid employee of the City of Sunnyside Recreation Division. I agree to keep all information about clients, volunteers, or other individuals, obtained while volunteering, confidential. I realize and understand that there are certain risks inherent in the activity for which I am volunteering for. Also, I agree to hold the city of Sunnyside, all school districts, and any employee or volunteer associated with the program I am involved in harmless from, and indemnify them for, any damages or loss arising as a result of my (my child's) participation. I give permission to have my (my child's) photo taken during this program and used for publicity purposes by the City of Sunnyside. I hereby give consent for emergency medical treatment. I understand that this is to prevent undue delay and assure prompt treatment and that only a license healthcare provider will be engaged for such an emergency.

\_\_\_\_\_  
 Volunteer Signature (Parent/ and/or Legal Guardian for minor)

\_\_\_\_\_  
 Date Signed



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\*\*In addition, complete the attached Authority for Release of Information form and return both forms to City of Sunnyside Parks & Recreation Division.

<b>For Office Use Only:</b>			
Hired Staff :	Program	Lead	Previous Hire/Volunteer
Volunteer	Team #	Coach	Asst. Coach

AUTHORITY FOR RELEASE OF INFORMATION

I, \_\_\_\_\_, authorize and give consent to the City of Sunnyside to obtain information about me, including the following:

- Criminal backgrounds records/information
- Sex Offenders registry checks
- Address
- Social Security Number/Birth Date

I hereby authorize consumer reporting agency \_\_\_\_\_ or any law enforcement agencies, learning institution (including public and private schools and universities), information service bureaus, record/data repositories, courts (federal/state/local), motor vehicle record agencies, my past or present employers, the military, and other individuals or sources to furnish and all information on me that is requested by the City of Sunnyside.

By my signature (including electronic) below, I certify the information provided on and in connection with this form is true, accurate, and complete. I agree that this form in original, faxed, photocopied or electronic form will be valid for any background reports that may be requested by or on behalf of the city of Sunnyside.

Any person, firm or organization providing information or records in accordance with this authorization is released from and all claims of liability compliance. This release is binding until revoked in writing.

**Please Complete All Sections: (If in writing, please print legibly)**  
**Please attach a copy of Driver's License to this application.**

Full Name: \_\_\_\_\_  
 Previous Names/Maiden Name: \_\_\_\_\_  
 Current Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Telephone #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social security #: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>FOR OFFICE USE ONLY:</b>	Clear	Alert	Denied
	<b>SS Rep.</b>	Initial	Date