



# City of Tukwila

*Parks & Recreation Department*

*Jim Haggerton, Mayor*

*Rick Still, Director*

Thank you for your interest in the City of Tukwila Volunteer Program. The City of Tukwila has a wonderful network of outstanding and committed volunteers who assist City departments with programs and services and advance our communities health, happiness and heritage.

Each of our volunteer positions has different requirements – duties, responsibilities, age, training and more. We hope to help you extend your talents and support our community and its mission. Our goal is to match volunteers with the position that helps you meet your goals and supports our community needs. Volunteer work schedules vary and depend on need. They are determined by the supervisor and the volunteer.

Background checks are performed to protect the public, employees and volunteers. It is the goal of the City of Tukwila to keep the workplace safe for everyone; this is the reason background checks are performed on all volunteer applicants.

Attached you will find the volunteer application materials, which include:

- Application to Volunteer
- Notification and Authorization for Background Investigation Disclosure Statement
- Background Screening Standards
- Tukwila Volunteer Individual Waiver

Completed application materials should be turned in to the Volunteer Program Office at the Tukwila Community Center, 12424 42<sup>nd</sup> Ave S, Tukwila, WA 98168.

Please contact Tracy Gallaway, the Volunteer & Events Superintendent at (206) 768-2822 or via email at [volunteer@ci.tukwila.wa.us](mailto:volunteer@ci.tukwila.wa.us) if you have questions regarding the volunteer program, the application materials or the background screening process.

*“Creating Community through People, Parks and Programs”*



# City of Tukwila

12424 - 42<sup>nd</sup> Avenue S., Tukwila, WA 98168

## Volunteer Program

Ph: (206) 768-2822 Fax: (206) 768-0524

Email: [volunteer@ci.tukwila.wa.us](mailto:volunteer@ci.tukwila.wa.us)

### APPLICATION TO VOLUNTEER

#### Contact Information:

Name (first/middle/last) \_\_\_\_\_ Today's Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Home phone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Work phone: \_\_\_\_\_

Email: \_\_\_\_\_ Cell phone: \_\_\_\_\_

WA State Driver's License Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

If referred, by whom: \_\_\_\_\_ Relationship: \_\_\_\_\_

**PREVIOUS VOLUNTEER EXPERIENCE:** \_\_\_\_\_

#### INTERESTS & BACKGROUND

If you are applying for a specific volunteer position, please list here: \_\_\_\_\_

If you would like to work for a specific department, please list here: \_\_\_\_\_

#### Is there a particular area of interest? (Check all that apply)

- Seniors   
  Adults   
  Teens/Youth   
  General / Office   
  Mentor/Tutor   
  Internship  
 Emergency Support   
 Environmental Projects   
 Special Events   
 Other \_\_\_\_\_

**Education:** I have completed:  High School     Some College     College     Trade School

**Work Experience** (include a resume if you have one): \_\_\_\_\_





### Background Screening Standards

The following policy guidelines are a reflection of the "Disqualification Standards" that the City of Tukwila has implemented for its Volunteer Program. A person will likely be disqualified and prohibited from serving as a volunteer if the person has been found guilty of the following crimes:

#### SEX OFFENSES

**All sex offenses** – Regardless of the amount of time since offense.

Examples: Child molestation, rape, sexual assault, battery, sodomy, prostitution, solicitation, indecent exposure, etc.

#### FELONIES

**All felony violence** – Regardless of the amount of time since offense.

Examples: Murder, manslaughter, aggravated assault, kidnapping, robbery, aggravated burglary, etc.

**All felony offenses** (other than violence or sex) – within the past 10 years.

Examples: Drug offenses, theft, embezzlement, fraud, child endangerment, etc.

#### MISDEMEANORS

**All misdemeanor violence** offenses within the past 7 years.

Examples: Simple assault, battery, domestic violence, hit & run, etc.

**All misdemeanor drug & alcohol offenses** within the past 5 year or multiple offenses in the past 10 years.

Examples: Driving under the influence, simple drug possession, drunk and disorderly, public intoxication, possession of drug paraphernalia, etc.

**Any other misdemeanor** within the past 5 years that would be considered a potential danger to children or is directly related to the functions of that volunteer.

Examples: Contributing to the delinquency of a minor, providing alcohol to a minor, theft- if volunteer would be handling monies, etc.

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**Guilty means that a person was found guilty following a trial, entered a guilty plea, entered a no contest plea accompanied by a court finding of guilty, regardless of whether there was an adjudication of guilt (conviction) or a withholding of guilt.**

**This does not apply if criminal charges resulted in acquittal, Nolle Prose, or dismissal.**

**Anyone who has been charged for any of the disqualifying offenses or for cases pending in court will not be permitted to volunteer until the official adjudication of the case.**



# CITY OF TUKWILA

## Volunteer Program

12424 42nd Avenue S., Tukwila, WA 98168

206-768-2822

### Notification and Authorization for Background Investigation Disclosure Statement

In compliance with RCW 43.43.830-845, all applicants who have been offered a position as a volunteer, and in which position the person may have unsupervised access to children less than sixteen years of age, to developmentally disabled persons, or to vulnerable adults, are required to disclose the following information:

1.	<p>Have you ever been convicted of any crime against children or other persons*?</p> <p>* "Crime against children or other persons" (as identified in RCW 43.43.830) means a conviction of any of the following offenses: Aggravated murder; first or second degree murder; first or second degree kidnapping; first, second or third degree assault; first, second or third degree assault of a child; first, second or third degree rape; first, second or third degree rape of a child; first or second degree robbery; first degree arson; first degree burglary; first or second degree manslaughter, first or second degree extortion; indecent liberties; incest; vehicular homicide; first degree promoting prostitution; 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; first or second degree custodial interference; first or second degree custodial sexual misconduct; malicious harassment; first, second or third degree child molestation; first or second degree sexual misconduct with a minor; commercial sexual abuse of a minor; 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.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Have you been convicted of crimes relating to financial exploitation where the victim was a vulnerable adult?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Have you been found by a court in a domestic relations proceeding under Title 26 RCW to have sexually abused or exploited any minor or to have physically abused any minor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Have you been found in any disciplinary board final decision to have sexually or physically abused or exploited any minor or developmentally disabled person, or to have abused or financially exploited a vulnerable adult?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Have you been found by a court in a protection proceeding under Chapter 74.34 RCW, to have abused or financially exploited a vulnerable adult?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If the answer is YES to any of the previous questions, please describe the location, date and facts of the conviction and make reference to the question being answered:

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Please continue on the back →

The City of Tukwila shall make an inquiry to the Washington State Patrol and/or Southeastern Security Consultants, Inc. regarding an applicant's conviction record, disciplinary board final decision, or civil adjudication record. **Applicants will be notified of the results within 10 working days of receipt of this information by the City of Tukwila. A copy of the background screening results will be made available to the applicant upon request.**

I acknowledge that I have read the entire Notification and Authorization for Background Investigation Disclosure Statement, which I understand the requirements, and I grant permission to the City of Tukwila to make inquiry to the aforementioned organizations under the provisions of this law. Pursuant to RCW 9A.72.085, I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

**TO EXPEDITE THE BACKGROUND CHECK PROCESS  
PLEASE PROVIDE ALL REQUESTED INFORMATION.  
INFORMATION WILL BE KEPT CONFIDENTIAL.**

**\*\*\*PRINT CLEARLY\*\*\***

Applicant's Name ( <i>Print</i> )			Date of Birth		
Street Address			Social Security Number		
City	State	Zip Code	Phone Number 1:		
Applicant's Signature		Date	Phone Number 2:		

City of Tukwila Processing Agent					Processed Date			
Results Date:		Results:	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL	Applicant Notified:	No	Yes	Date:
Notes:								

**PLEASE READ CAREFULLY**

**VOLUNTEER PARTICIPANT  
RELEASE, WAIVER OF LIABILITY AND ASSUMPTION OF RISK**

I understand that my participation in the City of Tukwila ("City") programs, operations, and/or maintenance is a voluntary activity, and that I am donating my time and my labor by my own free choice. I agree to perform the work described in the attached scope of volunteer work (the "Volunteer Release Form") in a responsible manner. In consideration of being allowed to participate in the Volunteer Activities, I hereby freely, voluntarily, and without duress enter into this RELEASE, WAIVER OF LIABILITY AND ASSUMPTION OF RISK ("Release") and agree to the following:

**Conditions of Volunteer Work:**

- If I drive a vehicle to the site of the Volunteer Activities, or during the course of my volunteer work, my personal vehicle insurance provides coverage.
- I shall not appear for Volunteer Activities under the influence of alcohol or illegal drugs.
- I shall dress appropriately for weather and site conditions, with open-toed shoes not permitted and long-sleeve shirts and pants recommended in dense or thorny foliage.
- If no City personnel are present during the event, then I am to call 911 in the event of any emergency during the Volunteer Activities, and that any injuries incurred during the event shall be reported to the City within two working days of the injury;
- If I find anything hazardous or suspected to be hazardous during the Volunteer Activities, I shall not touch it, but shall flag the item for disposal by City personnel. I shall not pick up syringes, hypodermic needles, broken glass, or exceptionally large, heavy, or unyielding objects. These are to be flagged and City personnel notified to arrange for disposal;
- The City will include my hours of volunteer service in the State Labor and Industries medical coverage for volunteer workers.

**Liability Release and Waiver:**

- I hereby ASSUME THE RISKS OF PROPERTY DAMAGE, INJURY, ILLNESS, OR DEATH in any way associated with my participation in Volunteer Activities. I agree to RELEASE, DEFEND, INDEMNIFY, AND HOLD HARMLESS the City, their officials, employees, representatives, volunteers, and agents, and the owners of any property on which the Volunteer Activities occur, for any and all rights and claims for damages, including attorney fees, I now, or may hereafter have, whether known or unknown, in law or in equity, and arising from or in any way connected with my participation in Volunteer Activities. I agree that the terms stated herein shall also serve as a WAIVER OF LIABILITY AND ASSUMPTION OF RISK for my heirs, estate, executor, administrator, assignees, and for all members of my family, and any minors or non participants who accompany me to the Volunteer Activities.
- I hereby release and forever discharge the City, and the owners of any property on which the Volunteer Activities occur, from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the Volunteer Activities.
- I understand that the City, and the owners of any property on which the Volunteer Activities occur do not carry or maintain health, medical, or disability insurance coverage for participants in Volunteer Activities, and I must obtain and maintain my own medical or health insurance coverage for the Volunteer Activities. Nothing herein is intended to waive any rights a volunteer may have under the Washington Industrial Insurance Act.
- I hereby expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Washington, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Washington. I agree that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

I acknowledge that I have carefully read this RELEASE, WAIVER OF LIABILITY AND ASSUMPTION OF RISK and fully understand that I am waiving any right that I may now or hereafter have to bring a legal action to assert any claim against the City of Tukwila, or the owner of any property on which the Volunteer Activities occur, in connection with my participation in the Volunteer Activities.

**Volunteer Name**

**Signature (Parent/Guardian if minor)**

**Date**



# City of Tukwila

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## Volunteer Program

Ph: (206) 768-2822 Fax: (206) 768-0524

Email: [volunteer@ci.tukwila.wa.us](mailto:volunteer@ci.tukwila.wa.us)

### Volunteer Time Sheet

Volunteer Name \_\_\_\_\_ ID# \_\_\_\_\_

Month/Year \_\_\_\_\_

Department/Division \_\_\_\_\_

Supervisor \_\_\_\_\_

Date	Time In	Time Out	Total Hours Worked	Tasks	Volunteer's Initials
<b>Total Hours Worked:</b>				<b>Supervisor's Signature</b>	<b>Date</b>

*Volunteer Program Office Use Only*      Entered into database by: \_\_\_\_\_      Date: \_\_\_\_\_

Note: If necessary, please attach additional sheets to complete the month.