



**Snohomish County Parks & Recreation  
Individual Volunteer Application**

**General Information**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City, State Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

***In case of emergency, please contact:***

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

**Volunteer Opportunities**

In order for Snohomish County's Volunteer Program to best match your interests and skills with available projects, please check all opportunities that are of interest:

- Trash/Clean-up
- Recreation Programs
- School Directed Community Service
- Environmental Restoration
- Trail Maintenance & Construction
- Park & Trail Ambassador (must be 18)
- Adult Community Service
- Other (specify): \_\_\_\_\_

**Project Description (If Applicable)**

Staff Lead: \_\_\_\_\_

Project Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Availability - Please specify times available to volunteer**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<b>Morning</b> 9am -Noon							
<b>Afternoon</b> 12 - 5:00pm							
<b>Evening</b> 5 – 9:00pm							

**Past Experiences & References**

Employment and/or volunteer experience: \_\_\_\_\_

\_\_\_\_\_

Education & training: \_\_\_\_\_

Special skills or hobbies: \_\_\_\_\_

\_\_\_\_\_

**Reference:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

## Volunteer Service Agreement

### **Agreement:**

By my signature below, I agree to volunteer my services for no compensation and willingly agree to:

- Register as a volunteer worker for Snohomish County Parks;
- Follow all safety rules and regulations, avoid all workplace hazards and refuse to perform any work assignment I feel I am not qualified to perform;
- Accept responsibility for the safe use and maintenance of tools and equipment use as part of my volunteer service;
- Represent Snohomish County Parks and fellow volunteers/organizations in a positive, professional way, following all directions and advice offered by my project supervisor;
- I have not been charged with a misdemeanor or felony;

Does the volunteer activity that you will be performing require any licenses, i.e. professional /trade /recreational as listed with WA State Department of Licensing, WA State Department of Health, WA Department of Labor and Industries, or any other state agency as required by state law? **If so, please list the license number(s) and/or other required insurance and/or bonding information below your name.**

**Do you have any medical conditions that may preclude you from doing this activity? If so, please notify your supervisor.**

### **REGISTRATION AND CONDITIONS OF VOLUNTEER SERVICE**

***Please read the following – your signature indicates you understand and agree. Any questions please check with your supervisor.***

#### ***VOLUNTEER WORKERS***

I understand that as a volunteer worker as defined by RCW 51.12.035, I am responsible for registering as a volunteer worker. I agree to submit the number of hours volunteered to the project manager/supervisor. I agree to abide by the policies, procedures and guidelines set forth by Snohomish County Parks Department.

#### ***VOLUNTEER - NOT AN EMPLOYEE OF SNOHOMISH COUNTY PARKS***

I understand that I am not an employee of Snohomish County Parks. I further understand that I will not hold myself out as, or claim to be an officer or employee of Snohomish County Parks or take any claim of right, privilege or benefit which would accrue to an employee under Chapter 41.06 RCW, Chapter 28B.16 RCW or any other applicable state law. I do not expect to receive any personal monetary wages for services rendered through volunteer activities.

#### ***MEDICAL / WORKERS COMPENSATION INSURANCE***

I understand that as a registered volunteer under RCW 51.12.035 that Snohomish County Parks through their self-insured workers' compensation program, provides registered volunteers with medical aid for injuries sustained while engaged in volunteer activities. I further understand that this coverage does not apply to disability or injuries caused by pre-existing medical conditions.

#### ***HOLD HARMLESS***

Except for their sole negligence, I agree to hold harmless and waive all claims of liability against the Snohomish County Parks arising out of my performance as a volunteer.

#### ***LIABILITY INSURANCE***

Registered volunteers are provided liability coverage through the County's self-insured liability program. I understand that as a registered and accepted volunteer of Snohomish County Parks, if any action or proceeding for damages is brought against me while performing activities within my assigned/approved official duties, that I may request defense of said action as provided for in RCW 4.92.060 (for defense information and instructions, contact Snohomish County Risk Management Division in the County Finance Department (425) 388-3726.

I understand that if I use my private motor vehicle in the course of my volunteer duties, it is my obligation to obtain and maintain state required liability insurance to cover any accidents involving my vehicle. I further understand that it is my responsibility to obtain and maintain insurance policies for damage, loss or liability on all personally owned, leased or rented equipment, vessels, horses, etc, I use while performing assigned volunteer work.

I further agree that should I be involved in an accident while performing assigned duties as a volunteer, I will report such accident immediately to the Snohomish County Parks program manager/supervisor of the volunteer activity.

**NONDISCRIMINATION**

I understand that during my performance as a volunteer for Snohomish County, I shall comply with all federal and state nondiscrimination laws, regulations and policies.

**BACKGROUND INVESTIGATION**

I understand that the agency may conduct a background investigation as part of this application process. I authorize the background investigation by my signature.

**TRAINING**

Training is required for all volunteers registered with Snohomish County. Applicable training will be provided by my volunteer project supervisor or Parks Department staff.

**TIMESHEETS**

I understand that I must submit my hours worked as a volunteer. Submitting hours worked to is a requirement for medical aid coverage through the workers' compensation. Failure to document my time may make me ineligible to receive such medical aid coverage.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For youth under 18 years of age:** \_\_\_\_\_ has my permission to accept an assignment as a volunteer for Snohomish County. I acknowledge that there may be risks in the volunteer assignment and will contact the Parks Department to learn more about the risks and answer any questions.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**For More Information**

***Please contact***

**Tony Trofimczuk Recreation Supervisor/Volunteer and Community Outreach Coordinator**

Snohomish County Parks, Recreation and Tourism

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