

Bellevue Master Naturalist Program Application

(please feel free to attach more sheets if needed)



Name:

Last	First	Middle Initial
Preferred Name:		

Mailing Address:

STREET:		
CITY:	STATE:	ZIP:

Contact Information:

Phone (please indicate which phone number is preferred):	Home ()
	Mobile ()
	Business ()
E-mail:	

APPLICATION QUESTIONS

1. What interests you about the Bellevue Master Naturalist Program, and what do you hope to learn?
2. Briefly describe past or current **volunteer** experiences you have had (include approximately how long you volunteered for each project or organization).

3. List any specialized training and/or education that you have received relating to the natural sciences and environmental conservation.
4. Please describe any current/or past work experience that relates to the Master Naturalist program.
5. How did you learn about the Bellevue Master Naturalist Program?
6. Master Naturalists assist with environmental education, habitat enhancement projects, citizen science, and special events. Many of these volunteer opportunities occur on Fridays, weekends, and evenings. Does this work with your schedule?

REFERENCES: List three people not related to you who know your qualifications.

NAME:	Phone	
RELATIONSHIP:	Day ()	Evening ()
STREET, ROUTE, BOX, APT#:		
CITY:	STATE:	ZIP:

NAME	Phone	
RELATIONSHIP	Day ()	Evening ()
STREET, ROUTE, BOX, APT#		
CITY	STATE	ZIP

NAME	Phone	
RELATIONSHIP	Day ()	Evening ()
STREET, ROUTE, BOX, APT#		
CITY	STATE	ZIP

I understand that, if I am accepted as a Master Naturalist, I will be expected to attend all training sessions. Within two years of the training, I agree to complete and report at least 100 hours of volunteer service for the City of Bellevue/Parks & Community Services Department.

Signed _____

Date _____

Please mail completed application packet to:

Attn: Master Naturalist Training Program
Bellevue Parks & Community Services – Lewis Creek Visitor Center
PO Box 90012
Bellevue, WA 98009

Please **do not email** or fax completed applications. Please contact a Park Ranger at 425-452-4195 with any questions.



VOLUNTEER WAIVER OF LIABILITY / RELEASE

PLEASE READ CAREFULLY

In consideration of myself and/or my child(ren) being allowed to use City of Bellevue Parks & Community Services facilities and/or participate in City-sponsored activities, **I ASSUME ANY AND ALL RISKS, INCLUDING RISK OF INJURY OR DEATH**, associated with my or my child(ren)'s use of said facilities and/or participation in said activities. I further agree on behalf of myself, my heirs, executors, assigns, and personal representatives, to waive and **RELEASE** any and all rights and claims for damages, including attorney fees, I now, or may hereafter have, whether known or unknown, against the City of Bellevue and its officials, employees, and agents for any injuries suffered by me or my child(ren) in connection with the use of City facilities or participation in City-sponsored activities. I acknowledge that I have carefully read this **WAIVER OF LIABILITY** and fully understand that I am waiving any right that I may have to bring a legal action or to assert a claim against the City of Bellevue.

PHOTO/VIDEO RELEASE: I give my permission to have photos and/or video and audio recordings taken of me or my child(ren) by the City of Bellevue or its agents for publicity purposes during City of Bellevue activities even though we will not receive compensation of any kind for appearing in such photos or video recordings. If you wish to waive the photo release, please contact the main office at 425-452-6885 or Parksweb@bellevuewa.gov.

I have read, understood, and voluntarily accepted the conditions of the Waiver of Liability/Release and the Photo Release printed above on behalf of myself and/or my child(ren):

CAUTION

I acknowledge that I have carefully read this WAIVER OF LIABILITY / RELEASE 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 Bellevue in connection with my participation in this volunteer activity.

I accept the conditions printed above:

Volunteer or Parent/Guardian Signature

Date

Printed Participant Name

INDIVIDUAL VOLUNTEER SERVICE AGREEMENT AND PARTICIPANT ASSUMPTION OF RISK AND RELEASE

I, _____, hereby volunteer my services to the City of Bellevue, without compensation, and agree to perform only the services as outlined in the Volunteer Opportunity Description.

In consideration of myself and/or my child(ren) being allowed to use City of Bellevue Parks & Community Services facilities and/or participate in City-sponsored activities, **I ASSUME ANY AND ALL RISKS, INCLUDING RISK OF INJURY OR DEATH**, associated with my or my child(ren)'s use of said facilities and/or participation in said activities. I further agree on behalf of myself, my heirs, executors, assigns, and personal representatives, to **WAIVE AND RELEASE** any and all rights and claims for damages, including attorney fees, I now, or may hereafter have, whether known or unknown, against the City of Bellevue and its officials, employees, and agents for any injuries suffered by me or my child(ren) in connection with the use of City facilities or participation in City-sponsored activities. I acknowledge that I have carefully read this **WAIVER OF LIABILITY** and fully understand that I am waiving any right that I may have to bring a legal action or to assert a claim against the City of Bellevue.

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I hereby identify that I am capable of performing the duties as outlined in the Volunteer Opportunity Description without accommodation or with the following accommodation(s):

-
- I understand that, during my training period, I am to report to the Mercer Slough Environmental Education Center and ask for the park ranger.
 - I understand additional questions regarding this volunteer opportunity should be directed to **Curtis Kukal** at 425-452-4195, or **Laura Harper** at 425-452-7225.
 - I understand my duties to include:
 - Lead (or assist with) educational programs, activities, hikes, and canoe tours
 - Staff City of Bellevue visitor centers
 - Help lead Stewardship Saturday and Eco Friday volunteer projects
 - Maintain restoration sites and monitor species survival at former restoration sites
 - Assist with events such as Arbor Day-Earth Day
 - Steward the Bellevue trail system
 - I will report my volunteer hours at the beginning of each month via the link provided in the monthly volunteer opportunities email.
 - I understand that I will not be permitted to appear for any type of volunteer service under the influence of any drugs or alcohol.

- I understand that I am to report any on-the-job injury or illness, no matter how minor, to my volunteer supervisor.
- I certify that I am capable of performing the duties described and if I am unable to perform the duties, I will immediately notify the volunteer coordinator and not proceed
- I consent to the City of Bellevue performing a background check into my history in accordance with RCW 43.43.834 and waive any right of privacy for the limited purpose of the City considering it for determining my suitability as a volunteer.
- I understand that I or the City may terminate this agreement at any time without cause, and that I am volunteering my services at will and may be asked to discontinue such without prior notice or reason.
- I acknowledge that I understand the policies listed above and have had the opportunity to ask any questions.
- This Agreement will be in effect for the duration of my volunteer services beginning this _____ day of _____, 20____.

CAUTION

BY SIGNING THIS VOLUNTEER AGREEMENT AND ASSUMPTION OF RISKS AND RELEASE, I ACKNOWLEDGE THAT I HAVE READ ITS CONTENTS AND WARNING, THAT I UNDERSTAND ITS CONTENTS AND WARNING, AND THAT I AGREE TO ITS TERMS.

I accept the conditions printed above.

Participant (signature and date)

Guardian (signature and date)

* Required if participant is under 18 years of age

Participant (print name)

Guardian (print name)

Participant Date of Birth_____

Address_____

Phone _____



Criminal Background Check

Staff Completion Instructions: Please complete the following information in the box below. Be sure to select the employee type (e.g., fully, partially, contractor, volunteer) and its subset (e.g., FTE, LTE, variable, seasonal, PT) and retirement plan (e.g., PERS, MEBT 2) if applicable.

Staff Requesting Search: Kukal	Program Area: Natural Resource Division Volunteer
Employee Type: <input type="checkbox"/> Fully Benefited Employee <input type="checkbox"/> Partially Benefited Employee <input type="checkbox"/> Contractor <input checked="" type="checkbox"/> Volunteer <input type="checkbox"/> FTE <input type="checkbox"/> Variable <input type="checkbox"/> Seasonal <input type="checkbox"/> Part-time AND Retirement Plan <input type="checkbox"/> LTE <input type="checkbox"/> PERS <input type="checkbox"/> MEBT 2	
NEOGOV Requisition # (if applicable): N/A	Hire Status: <input type="checkbox"/> New Hire <input type="checkbox"/> Rehire <input checked="" type="checkbox"/> N/A

Applicant Completion Instructions: Please print all information:

Name: _____
(First) (Middle) (Last) (Maiden)

Gender: ☐ Male ☐ Female **Race:** ☐ Asian ☐ Black ☐ White ☐ Hispanic ☐ Other: _____

Social Security Number: _____ - _____ **Date of Birth:** _____ / _____ / _____
(Month) (Day) (Year)

Driver's License: _____
(State) (Number) (Expiration date)

Current Address: _____
(Street)

(City) (State) (Zip) (Years living here)

Email address: _____

Phone: _____
(Home) (Cell) (Business) (Fax)

Previous Addresses: Last 10 years

(Street) (City) (State) (Zip) (Years living here)

(Street) (City) (State) (Zip) (Years living here)

Certification: I hereby certify that all statements made above are true, complete, and correct to the best of my knowledge and belief. I understand that the City of Bellevue solicits this information and may solicit additional information so as to be informed of my previous record and character. I further understand and agree that any misrepresentation, falsification, or omission of facts by me may result in my disqualification from City for volunteering and employment or an adverse employment action, up to and including my release or dismissal from City Employment.

Signature

Date

Parent/Guardian Signature (for applicants under 18)

Date



Criminal Background Check Policy

Employee/Applicant Release and Disclosure Form

Disclosure: Criminal background checks are required for certain sensitive positions with the City such as positions assigned to: (1) work with or around vulnerable adults and children, (2) functions that are directly or indirectly involved with the receipting, depositing and disbursement of funds, and/or (3) have access to information affecting national security, trade secrets, confidential or proprietary business information. The City of Bellevue will procure a criminal background check on you in connection with your employment or volunteer application that will provide the criminal background check. A consumer reporting agency, will obtain the report for the City. The report will include such information as criminal convictions, and crimes against vulnerable adults and children. The information contained in the report will be obtained from public record sources including sources identified by you in your application. If the background check reveals a criminal conviction or other information relevant to the position you are under consideration for, it may disqualify you from holding that position.

Acknowledgments: I understand that I am required to furnish the requested information on the Criminal Background Check form for the City's use in determining my qualifications for a position which has been classified as sensitive by the City of Bellevue. I understand that the information requested is for the purpose of conducting the criminal background check and will not be used to discriminate against me in violation of the law. City policy and federal and state law authorize the maintenance of this information. Furnishing all information on the form is **mandatory** – failure to provide such information may result in determination that I am ineligible for the position. The City official responsible for maintaining this information on the form is the Director of Human Resources.

To the greatest extent permitted by law, I hereby expressly waive any requirement that I be provided prior or contemporaneous notice (either oral or written) of the agency's information or documents about me to the City. I further understand that if the City uses the consumer report consisting of a criminal background check in a negative way, such as by denying me the position, in whole or in part, because of the report, I will be provided with notice of the decision, the name, address, and telephone number of the consumer reporting agency, and will have the right to obtain a copy of the report and dispute its accuracy and completeness. I further understand the City has 10 days following the receipt of any conviction record to notify me of the record, and the record is to be made available to me.

I also understand and agree that the results of my background check may be the basis for disqualifying me from a sensitive position with the City of Bellevue. I further agree and understand that future criminal behavior by me may be considered in a review of employment or volunteer status by the City of Bellevue.

Authorization: I authorize the City of Bellevue or its agent to conduct a criminal background check prior to placement in a sensitive position. I understand that a criminal record does not necessarily eliminate a candidate from a sensitive position with the City of Bellevue. Each criminal background will be reviewed with respect to the nature and seriousness of any offenses in relation to the position for which a candidate has applied. I agree that a photocopy of this Authorization may be accepted by an law enforcement agency in the same manner as the original.

Release: I hereby release, discharge and exonerate any person, agency or entity supplying information and documents about me to the City pursuant to the above Authorization from any and all liability of every nature and kind to the extent permitted by law arising out of the furnishing of such information and documents. I understand that the City has sole authority to designate which positions or responsibilities require background checks. I further release the City of Bellevue and its elected officials, employees, representatives and agents from all liability or responsibility for all lawful actions associated with the conducting a criminal background check.

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.

- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

- a person has taken adverse action against you because of information in your credit report;
- you are the victim of identity theft and place a fraud alert in your file;
- your file contains inaccurate information as a result of fraud;
- you are on public assistance;
- you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.

- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed

or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.

- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:

1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates.

b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:

2. To the extent not included in item 1 above:

a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks

b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act

c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations

d. Federal Credit Unions

3. Air carriers

4. Creditors Subject to Surface Transportation Board

5. Creditors Subject to Packers and Stockyards Act, 1921

6. Small Business Investment Companies

7. Brokers and Dealers

8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations

9. Retailers, Finance Companies, and All Other Creditors Not Listed Above

CONTACT:

a. Consumer Financial Protection Bureau
1700 G Street NW
Washington, DC 20552

b. Federal Trade Commission: Consumer Response Center – FCRA
Washington, DC 20580
(877) 382-4357

a. Office of the Comptroller of the Currency
Customer Assistance Group
1301 McKinney Street, Suite 3450
Houston, TX 77010-9050

b. Federal Reserve Consumer Help Center
P.O. Box 1200
Minneapolis, MN 55480

c. FDIC Consumer Response Center
1100 Walnut Street, Box #11
Kansas City, MO 64106

d. National Credit Union Administration
Office of Consumer Protection (OCP)
Division of Consumer Compliance and Outreach (DCCO)
1775 Duke Street
Alexandria, VA 22314

Asst. General Counsel for Aviation Enforcement & Proceedings
Aviation Consumer Protection Division
Department of Transportation
1200 New Jersey Avenue, SE
Washington, DC 20590
Office of Proceedings, Surface Transportation Board
Department of Transportation
395 E Street S.W.
Washington, DC 20423

Nearest Packers and Stockyards Administration area supervisor

Associate Deputy Administrator for Capital Access
United States Small Business Administration
409 Third Street, SW, 8th Floor
Washington, DC 20416

Securities and Exchange Commission
100 F St NE
Washington, DC 20549

Farm Credit Administration
1501 Farm Credit Drive
McLean, VA 22102-5090

FTC Regional Office for region in which the creditor operates or
Federal Trade Commission: Consumer Response Center – FCRA
Washington, DC 20580
(877) 382-4357