



## Bellevue Master Naturalist Application

(Please feel free to attach more sheets if needed)

### Preferred Name:

(First / Last):

### Mailing Address:

Street:

City:

State:

Zip Code:

### Contact Information:

Phone (please indicate which phone number is preferred):

Mobile: ( )

Home: ( )

Other: ( )

Email:

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. Briefly 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?

I understand that, if I am accepted as a Bellevue 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 **don't email** completed applications. Contact a Park Ranger at Parks\_Stewardship@BellevueWA.gov with any questions.



**VOLUNTEER WAIVER OF LIABILITY / RELEASE  
PLEASE READ CAREFULLY**

I understand that my participation in the City of Bellevue (“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 my assigned tasks in a responsible manner. In consideration of myself and/or my child(ren) being allowed to participate in the volunteer activities identified herein, **I HEREBY AGREE TO ASSUME ANY AND ALL RISKS, INCLUDING RISK OF PROPERTY DAMAGE, INJURY, ILLNESS, OR DEATH** associated in any way with my or my child(ren)’s participation in the activities. I further **AGREE TO RELEASE, DEFEND, INDEMNIFY, AND HOLD HARMLESS** the City, its officials, employees, representatives, volunteers, and agents from any and all liabilities, damages, costs, and expenses, including attorney fees, I now, or may hereafter have, whether known or unknown, in law or in equity, arising from or in any way connected with my and/or my child(ren)’s participation in the City’s 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.

Nothing herein is intended to waive any rights a volunteer may have under the Washington Industrial Insurance Act.

**PHOTO/VIDEO RELEASE:** I give my permission to have photos and/or video and audio recordings taken of me or my child(ren) during City of Bellevue activities and authorize the City of Bellevue to copyright, use, and publish the same. I understand I am waiving any right of privacy, compensation, copyright or other ownership right connected to the photo or recording. If you do not give permission to have photos and/or video and audio taken of you or your child(ren), please contact the main office at 425-452-6885 or Parksweb@bellevuewa.gov.

**CAUTION**

**I acknowledge that I have carefully read this VOLUNTEER WAIVER OF LIABILITY / RELEASE and PHOTO/VIDEO RELEASE 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 or my child(ren)’s participation in the activities identified herein.**

**City of Bellevue Volunteer Activity:** *Bellevue Master Naturalist*

I accept the conditions printed above:

\_\_\_\_\_  
*Volunteer or Volunteer’s Parent/Guardian Signature*

Date\_\_\_\_\_

\_\_\_\_\_  
*Printed Volunteer Name*

**ASSUMPTION OF THE RISK AND WAIVER OF LIABILITY RELATING TO  
COVID-19  
PLEASE READ CAREFULLY**

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is very contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people. The City of Bellevue has put in place preventative measures to reduce the spread of COVID-19; however, the City cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, using City facilities and/or participating in City programs and activities could increase you and your child(ren)'s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and **VOLUNTARILY ASSUME THE RISK THAT I OR MY CHILD(REN) MAY BE EXPOSED TO OR INFECTED BY COVID-19** by using the City facility and/or participating in the City programs or activities identified herein **AND THAT SUCH EXPOSURE OR INFECTION MAY RESULT IN PERSONAL INJURY, ILLNESS, PERMANENT DISABILITY, AND DEATH.** I understand that the risk of becoming exposed to or infected by COVID-19 at the facility or in the programs or activities identified herein may result from the actions, omissions, or negligence of myself and others, including, but not limited to, City employees, volunteers, and customers and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself or my child(ren) (including but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I, or my child(ren) may experience or incur in connection with my or my child(ren)'s attendance at the facility or participation in the program or 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 facility or participation in the City programs and activities identified herein. I understand that this release includes any claims based on the actions, omissions, or negligence of the City, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in the City program or activity.

**IN ADDITION, I AGREE TO COMPLY WITH ALL COVID-19 SAFETY POLICIES AND PROCEDURES OF THE FACILITY OR PROGRAM/ACTIVITY IDENTIFIED HEREIN.**

*Bellevue Master Naturalist Program*

**By signing below, I indicate that I accept the conditions printed above:**

\_\_\_\_\_  
Customer or Customer's Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Customer Name

## INDIVIDUAL VOLUNTEER SERVICE AGREEMENT

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.

I hereby identify that I can perform the duties as outlined in the Volunteer Opportunity Description without accommodation or with the following accommodation(s):

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- I understand that questions about this volunteer opportunity should be directed to a park ranger - **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, canoe tours, etc.
  - Help lead Stewardship Saturday and Eco Friday volunteer projects
  - Conduct environmental restoration at sites across the City of Bellevue
  - Maintain restoration sites and monitor species survival at former restoration sites
  - Assist with special events such as Bellevue Arbor Day and MLK Jr. Day of Service
  - Steward the Bellevue trail system
- I will report my volunteer hours as trained.
- 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.

<b>Staff Requesting Search:</b> Kukal	<b>Program Area:</b> Natural Resource Division Volunteer
<b>Employee Type:</b> <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"/> PERS <input type="checkbox"/> MEBT 2	
<b>NEOGOVS Requisition #</b> (if applicable): N/A	<b>Hire Status:</b> <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.

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**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 a 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](http://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](http://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 identify 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](http://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](http://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](http://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](http://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