



**CITY OF BELLEVUE**  
Parks and Community Services Department  
PO Box 90012  
Bellevue, WA 98009-9012  
Phone: 425-452-6881  
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# VOLUNTEER POSITION APPLICATION

www.cityofbellevue.org

It is the policy of the City of Bellevue to provide volunteer opportunities without regard to race, color, national origin, gender, age, marital status, sexual preference, and/or disability.

<b>I. Position Info</b>	<b>PLEASE PRINT.</b>
	TYPE OF VOLUNTEER POSITION DESIRED:

**Please identify what program area you wish to volunteer in. Check all that apply.**

- |   |   |   |  |   |
|---|---|---|--|---|
| <input type="checkbox"/> Aquatic Center (452-4444)            | <input type="checkbox"/> Coaching/Youth Sports (452-6885) | <input type="checkbox"/> Park Enhancement (452-2740)    | <input type="checkbox"/> North Bellevue Ctr./ Senior Programs (452-7681) | <input type="checkbox"/> Stewardship Saturdays (452-2740) |
| <input type="checkbox"/> Bellevue Youth Theatre (452-7155)    | <input type="checkbox"/> Diversity Program (452-7886)     | <input type="checkbox"/> Probation (452-7194)           | <input type="checkbox"/> So. Bellevue Ctr. (452-4240)                    | <input type="checkbox"/> Teen Services (452-2846)         |
| <input type="checkbox"/> Bellevue Botanical Garden (452-6826) | <input type="checkbox"/> Kelsey Creek Farm (452-7688)     | <input type="checkbox"/> Recreation-Daycamps (452-6885) | <input type="checkbox"/> Special Events-NWC (452-4106)                   | <input type="checkbox"/> Tennis Center (452-7690)         |
|   |   |   | <input type="checkbox"/> Specialized Recreation Programs (452-7686)      | <input type="checkbox"/> Youth Link (452-5254)            |
|   |   |   |  | <input type="checkbox"/> Crossroads Ctr (425-4874)        |

**Please indicate the days and times you are available to volunteer.**

	M	T	W	T	F	S	S
Morning							
Afternoon							
Evening							

<b>II. Personal Information</b>	<b>Complete all information please.</b>			
	LAST NAME:	FIRST NAME:	MIDDLE INITIAL:	DAY PHONE:
				CELL PHONE:
				EVENING PHONE:
				E-MAIL:
STREET ADDRESS:		CITY:	STATE/ZIP:	DATE OF BIRTH:
IN CASE OF EMERGENCY PLEASE NOTIFY:		PHONE:		
RELATIONSHIP:				
HAVE YOU EVER BEEN CONVICTED OF A FELONY OR RELEASED FROM PRISON WITHIN THE LAST SEVEN (7) YEARS, OR CONVICTED OF A MISDEMEANOR OTHER THAN TRAFFIC OFFENSES WITHIN THE PAST THREE (3) YEARS? (A conviction record is not an absolute bar to acceptance.) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:				
HAVE YOU VOLUNTEERED PREVIOUSLY WITH THE CITY OF BELLEVUE? IF YES, INDICATE LOCATION/SUPERVISOR/DATES.				

**Core Values:** Exceptional Public Service • Stewardship • Integrity • Commitment to Employees • Innovation

THE CITY OF BELLEVUE VALUES DIVERSITY IN ITS WORKFORCE AND IS COMMITTED TO AFFIRMATIVE ACTION.

<b>IV. Related Volunteer Experience</b>	List present or most recent organization. Attach additional sheet if necessary.			
	AGENCY:	SUPERVISOR'S NAME:	MAY WE CONTACT? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, TELEPHONE #: (          )
	STREET ADDRESS/CITY/STATE:		DATES: FROM:                          TO:	
	MOST RECENT POSITION:		HOURS WORKED PER WEEK:	
	REASON FOR LEAVING:			NAME USED AT THIS EMPLOYER, IF DIFFERENT:
	SUMMARIZE MAJOR DUTIES:			
PLEASE LIST OTHER TRAINING, CLASSES OR PERSONAL EXPERIENCES YOU HAVE HAD THAT DIRECTLY RELATES TO THIS VOLUNTEER POSITION:				
PLEASE LIST PERSONAL REFERENCES (NOT RELATIVES):				

<b>V. Applicant Release</b>	<b>VOLUNTEER PARTICIPANT WAIVER OF LIABILITY AND ASSUMPTION OF RISK</b>	
	<b>PLEASE READ CAREFULLY</b>	
	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 being allowed to participate in volunteer activities, I hereby agree to <b>ASSUME THE RISKS OF PROPERTY DAMAGE, INJURY, ILLNESS, OR DEATH</b> in any way associated with my participation in this activity. I agree to <b>RELEASE, DEFEND, INDEMNIFY, AND HOLD HARMLESS</b> the City, its officials, employees, representatives, volunteers, and agents 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 the City's volunteer activities. I agree that the terms stated herein shall also serve as a <b>WAIVER OF LIABILITY AND ASSUMPTION OF RISK</b> 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.	
	<b>PHOTO RELEASE</b>	
	Furthermore, I give my permission to have photos and/or video recordings taken of me or my child(ren) 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.	
	_____	_____
	Participant Signature	Date
	_____	_____
	Print Participant Name	
<b>I acknowledge that I have carefully read this 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 Bellevue in connection with my participation in this volunteer activity.</b>		
I accept the conditions printed above:		
_____	_____	
Participant Signature	Date	
_____	_____	
Print Participant Name		
A parent or guardian signature is required if the participant is under 18 years of age. By signing this <b>WAIVER OF LIABILITY AND ASSUMPTION OF RISK</b> on behalf of a minor, the undersigned parent or guardian is agreeing to be bound by the above conditions on behalf of him or herself <u>and</u> on behalf of the participant.		
_____	_____	
Parent or Guardian Signature	Date	

**THANK YOU FOR YOUR APPLICATION**

