



VOLUNTEER INTEREST FORM

Date: _____

Full Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Reception/Greeter Clerical Technical Other

Please describe the type of volunteer work you are interested in doing:

Is there a preferred department(s) or division you'd like to work in:

What days of the week and hours are you available:

Please return completed form to:

**City of SeaTac
Human Resources
4800 South 188th Street
SeaTac, WA 98188
Phone: 206.973.4650**

CITY USE ONLY:

Department Assignment:

- Volunteer Registration & Participant Assumption Risk Agreement
- Emergency Notification Form
- Authorization for Background Investigation
- Volunteer Timecard



VOLUNTEER PROGRAM

Registration and Participant of Risk Agreement

Participant's Name: _____

Participant's Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Email: _____

In Case of Emergency Contact: _____

Emergency Telephone Number: _____

Program Name/Description: _____

Date(s) of Program: _____

The undersigned hereby assumes all risk and waives and releases any and all claims that may arise against the City of SeaTac, its employees, officials; and contract or volunteer program participants, for any and all injuries, losses or damages suffered by the participant while participating in the above mentioned program. The participant is responsible for any personal articles lost or stolen.

If participant is a minor, the undersigned parent/guardian also authorizes the City of SeaTac to seek medical attention for any injuries suffered by the participant, and further consents to any and authorizes necessary medical services for the participant.

Date

Signature of Participant

Date

Signature of Parent/Guardian
(If participant is a minor)



AUTHORIZATION FOR BACKGROUND AND REFERENCE CHECKS

With the applicant's authorization, the City conducts background and reference checks as follows:

- All finalists being considered for appointment for hiring or volunteer opportunities will have their criminal records checked;
- All finalist applicants being considered for hire will have employment references checked;
- All finalist applicants being considered for hire will have educational histories checked;
- All finalist applicants whose employment or volunteer positions with the City would require them to drive City vehicles as part of their assigned duties will be required to submit their driving records to the City for review and consideration; and/or
- Any finalist applicants whose employment or volunteer positions with the City require them to handle the City's cash, investments or other monetary assets will be required to submit to a credit history check.

Signed Authorization for Background and Reference Checks forms for applicants not appointed for employment or volunteer opportunities for which they applied are shredded by the City on an annual basis. The City makes every effort to ensure the confidentiality of each applicant's personal identification information.

PLEASE PROVIDE THE FOLLOWING INFORMATION

Applicant's Name: _____
Last First Middle

Alias/Maiden/Other Name(s): _____

Date of Birth: _____ Gender: M F Telephone#: _____

Race: Asian Black Hispanic American Indian Pacific Islander
 Two or more races White Email: _____
Please check only one box.

Address: _____
City: State Zip Code:

Social Security Number: _____ / _____ / _____ Required.

Driver's License Number: _____ Issuing State: _____

Have you lived in any other State(s) other than Washington in the last ten (10) years? Yes No

If YES, please note the State(s), County(ies) and dates of residence: _____
State(s) County(ies)

Date(s): _____

Position Applied For: _____

I, _____ (please print), hereby authorize the City of SeaTac or an independent investigating agency appointed by the City to conduct a thorough investigation of my background including my criminal records, driving records (as applicable), credit history (as applicable), educational history (as applicable) and employment references (as applicable). I also hereby release any current or former employers or institutions, their agents or employees from any and all liability resulting from the release of such information. My authorization and release from liability are voluntary acts. This authorization shall be effective for employment and/or volunteer opportunities with the City of SeaTac only.

It is my intention that any copy of this authorization be as effective as is the original.

Signature: _____ Date: _____



CITY OF SEATAC EMERGENCY NOTIFICATION FORM

It is the employee's responsibility to update and keep current any information contained in this form. Please return completed form to the Human Resources Department.

EMPLOYEE NAME:	HOME PHONE #:
DATE OF BIRTH:	POSITION TITLE:
PHYSICIAN NAME (OPTIONAL):	PHYSICIAN PHONE:
KNOWN MEDICATIONS (OPTIONAL):	
KNOWN ALLERGIES (OPTIONAL):	
IN CASE OF EMERGENCY PLEASE NOTIFY -- CONTACT A	
NAME:	RELATIONSHIP TO YOU:
ADDRESS:	
CITY:	STATE:
PHONE 1: (HOME) (CELL)	PHONE 2: (WORK)
IN CASE OF EMERGENCY PLEASE NOTIFY -- CONTACT B	
NAME:	RELATIONSHIP TO YOU:
ADDRESS:	
CITY:	STATE:
PHONE 1: (HOME) (CELL)	PHONE 2: (WORK)

Your emergency contact information would be used to notify your designated emergency contact(s) of an emergency or crisis that may affect you and/or the City. Emergency contact information will be kept in the employee's personnel file and used/released strictly on a need-to-know basis.

EMPLOYEE SIGNATURE: _____

DATE: _____