



## Volunteer Enrollment Form

All information provided is confidential.  
 Thank you for printing clearly.

Please complete application in full, including the supplementary Background Screening Consent Form. Note that incomplete forms will not be considered for volunteer enrollment with Whatcom County Parks & Recreation.

<b>Personal Information</b>				
<b>Name:</b> _____ <span style="float: right;"><input type="radio"/> <b>Female</b>   <input type="radio"/> <b>Male</b></span>				
Last	First	Middle Initial		
<b>Address:</b> (Mailing) _____				
	Street/Box #	City	State	Zip
<b>Phone #:</b> _____		<b>E-Mail address:</b> _____		
<b>Date of Birth:</b> ____ / ____ / ____				
<b>Emergency contact:</b> _____			<b>Phone #:</b> _____	
<b>Relationship</b> (e.g. parent, friend): _____				

<b>Volunteer Preferences</b>	
<b>Which Whatcom County Park(s) are you interested in volunteering at?</b> <i>Please check all that apply.</i>	
<input type="checkbox"/> Chuckanut Mountain Park <input type="checkbox"/> Hovander Homestead Park <input type="checkbox"/> Fragrance Garden <input type="checkbox"/> Tennant Lake Interpretive Center <input type="checkbox"/> Lighthouse Marine Park	<input type="checkbox"/> Samish Park <input type="checkbox"/> Semiahmoo Park <input type="checkbox"/> Silver Lake Park <input type="checkbox"/> Other _____
<b>What service(s) are you interested in?</b> <i>Please Check all that apply</i>	
<input type="checkbox"/> Animal Care Volunteer <input type="checkbox"/> Campground Host <input type="checkbox"/> Garden Volunteer <input type="checkbox"/> General Maintenance Volunteer	<input type="checkbox"/> Senior Center Support Volunteer <input type="checkbox"/> Trail Steward Volunteer <input type="checkbox"/> Historical Docent/ Inventory <input type="checkbox"/> Range Volunteer

<b>References</b> <i>(Please include two personal and two professional references)</i>		
Name _____	Address _____	Phone _____
Name _____	Address _____	Phone _____
Name _____	Address _____	Phone _____
Name _____	Address _____	Phone _____

## Stay Connected

**How did you hear about us?** *Please check all that apply.*

- Family or Friend
- Park Visitor
- Previous Volunteer
- Other \_\_\_\_\_

## Demographic Information (optional)

**Previous/current employer:** \_\_\_\_\_

**School (if student):** \_\_\_\_\_

**Special Needs:**

**I have physical or other special needs that should be considered in my volunteer placement**

**Explain:** \_\_\_\_\_

## Security Background Release

*Whatcom County Parks & Recreation requires National Background Screening on all volunteers.*

Please complete the attached National Background Screening Consent/Release Form.

**Confidentiality Statement:** I understand that all information on this form is voluntarily supplied and may be used and disclosed in a professional manner and in good faith for the specific purpose of volunteerism only. I understand it is the policy of Whatcom County Parks & Recreation to regard all information (both written and verbal) pertaining to staff and volunteers as confidential. Furthermore, I understand and agree to comply with the confidentiality statement as it pertains to information I may learn or be entrusted with as a volunteer in the community.

\_\_\_\_\_ *Please initial here*

**Insurance Statement:** I understand that if I use my personal vehicle during my volunteer service, I will arrange to keep in effect automobile insurance equal to the minimum state requirement.

\_\_\_\_\_ *Please initial here*

**Drug Free Statement:** Whatcom County Parks & Recreation (WCPR) is committed to providing a drug free, healthful, safe and secure work environment for employees and volunteers. Each employee and volunteer is expected and required to report to work in an appropriate mental and physical condition to perform his/her assigned duties. WCPR prohibits the use, possession or sale of illicit drugs in the workplace or when conducting agency business. WCPR requires its employees and volunteers to be free from illicit drugs and to be free from the influence of alcohol or the influence of legal drugs where the potential for impairment or unsafe job performance is indicated. I understand this policy and agree to comply with it.

\_\_\_\_\_ *Please initial here*

Please sign and date this application form. This affirms you have read and understand the confidentiality, insurance and drug free statement on this form and that all above information is true to the best of your knowledge.

\_\_\_\_\_  
*Volunteer Signature*

\_\_\_\_\_  
*Date*

**\*PARENT SIGNATURE IS REQUIRED FOR THOSE UNDER 18**

I, \_\_\_\_\_, am the custodial parent/guardian of the above listed minor. I give permission for him/her to participate in volunteer activities with Whatcom County Parks & Recreation. I hold harmless Whatcom County Parks & Recreation for any injury or other situations that may result from my child's choice to serve as a volunteer in the community. I understand that in some volunteer situations parental or adult supervision may be required in order for my child to participate. I agree to hold Whatcom County Parks & Recreation harmless and give my child permission to participate in volunteer activities.

\_\_\_\_\_  
*\*Parent Signature (required for Volunteers under 18)*

\_\_\_\_\_  
*Date*

**FOR OFFICIAL USE ONLY**

Initial Referrals \_\_\_\_\_

Park Placement \_\_\_\_\_

What WCP approved job description will this volunteer be placed in \_\_\_\_\_

Passed Background Check     Yes     No

References                       Yes     No

Anticipated hours per month \_\_\_\_\_

Start date \_\_\_\_\_

End date \_\_\_\_\_

Notes \_\_\_\_\_

*Ranger Signature* \_\_\_\_\_      *Date* \_\_\_\_\_

*Operations Manager Signature* \_\_\_\_\_      *Date* \_\_\_\_\_

