

**Edmonds Public Facilities District / Edmonds Center for the Arts
Volunteer Application**

Edmonds Public Facilities District – Edmonds Center for the Arts (hereinafter known as EPFD/ECA) operates a volunteer program that provides services organization-wide. The purpose of the program is to enable EPFD/ECA to take advantage of the extraordinary reserve of knowledge, talent and skill possessed by volunteers within our community and to capitalize on these abilities to augment EPFD/ECA services. The intent is also to provide a program which involves interested residents in arts and culture while providing them the opportunity to perform work of value to the community.

This volunteer application is designed to give applicants an opportunity to share their background, experience, interests and skills, enabling EPFD/ECA to facilitate the best possible volunteer assignment for the individual and for the organization.

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

Address: _____

City, State Zip

Home Phone () Cell () Email:

Are you over the age of 18? (please circle) Yes No

If not give date of birth_____

Do you have/or can obtain a valid Washington State Driver’s License? Yes No

WA State Driver’s License or ID card # _____ **Expires**_____

Availability (please circle below)

Long – Term Short-Term Special Project

Circle the Days of the Week you can be Available for Volunteer Work:

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Please Circle What Time of Day You Are Available

9am – 1pm 1pm – 4pm 4pm – 8pm 8pm – 12am

In What Particular Areas of Volunteer Work Are You Interested?

What Of The Following Do You Have Experience With? (please circle)

Customer Service	Alphabetizing	Microsoft Word
Retail Sales	Alpha-Numeric Filing	Microsoft Excel
Food Service	Multi-Line Phones	Microsoft Outlook
Bartending	Typing WPM? ___	Database Mgmt
Ushering	Mailing Preparation	Data Entry
Janitorial Services	Development / Marketing	Other Special Skills?

If you are currently employed, does your company provide funding or donations based on volunteer hours you provide to a registered non-profit organization?

Yes _____ No _____ If yes, company name _____

What General Skills/Experience/Education Would You Like to Share in Your Volunteer Work?

Criminal Convictions

Have you been convicted of a felony or released from prison within the last ten (10) years, or have been convicted of a misdemeanor other than minor traffic offenses within the past three (3) years?(please circle) Yes No

If Yes, Please Explain: _____

REFERENCES: (Do Not List Relatives)

Name: _____ **Address:** _____ **Ph:** _____

Name: _____ **Address:** _____ **Ph:** _____

Name: _____ **Address:** _____ **Ph:** _____

Are You Physically Able to Stand Continuously For Up to 60 Minutes?(circle) Y N

Do You Have Any Medical Conditions Physical or Emotional That Should Be Taken Into Consideration in Arranging Volunteer Assignments? Yes No
If Yes, Please Explain:

Emergency Contact Information:

Name: _____ **Phone:** _____

Volunteers are not considered to be EPFD/ECA employees. Injury Compensation is provided through the Department of Labor & Industries. Volunteer service is considered to be creditable work experience. The data furnished on this form is furnished voluntarily and will be used to contact, interview and place volunteers.

SIGNATURE IS REQUIRED

To the best of my knowledge, the information herein is true and complete. I understand that falsification of this application is grounds for dismissal as a volunteer. Further I give permission for an authorized representative of EPFD/ECA to conduct a state patrol criminal background check in accordance with RCW 43.43.830-839 and to inquire of individuals about my ability to perform all aspects of the volunteer position for which I am being considered and I release the EPFD/ECA and those individuals/institutions that provide information from any liability that may arise from the provision of this information.

As a volunteer for EPFD/ECA, I am fully aware that the work associated with being an EPFD/ECA volunteer involves certain risks of physical injury or death. Being fully informed as to these risks and in consideration of my being allowed to participate in the EPFD/ECA's Volunteer Program, I hereby assume all risk of injury, damage and harm to myself arising from such activities or use of EPFD/ECA facilities. I also hereby individually and on behalf of my heirs, executors and assignees, release and hold harmless the Edmonds Public Facilities District/Edmonds Center for the Arts, its officials, employees and agents and waive any right of recovery that I might have to bring a claim or a lawsuit against them for any personal injury, death, loss of property or other consequences occurring to me arising out of my volunteer activities.

I give permission to have my photo taken and used for publicity purposes by EPFD/ECA. I authorize any necessary emergency medical treatment that might be required for me in the event of physical injury and/or accident to me while participating in this program.

Signature: _____ **Date:** _____

If Under 18, Parent's or Guardian's

Signature: _____ **Date:** _____

