



**TV10**

**Volunteer Application**

(360) 419-3233 or tv10@ci.mount-vernon.wa.us

**General Statement**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

*In case of emergency, please contact:*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

**Volunteer Opportunities**

In order for the TV10 Volunteer Program to best match your interests and skills with available projects, please check all opportunities that are of interest:

- Camera Operator
- Production Assistant
- Editor
- Character Generator

After reviewing the job description, are you able to perform the functions of the job with or without reasonable accommodation? Yes  No  If no, what accommodations are needed? \_\_\_\_\_

**Availability**

Please specify times available to volunteer. (Morning: 9 a.m.-12 p.m.; Afternoon: 12 p.m.-5 p.m.; Evening: 5 p.m.-9 p.m.)  
Note that hours may vary, these are not shifts, but preferences only.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Past Experience**

Employment and/or volunteer experience: \_\_\_\_\_  
\_\_\_\_\_

Employment and/or volunteer experience cont'd.: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Education & Training: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Special skills: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**References not related to applicant**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Volunteer Service Agreement**

The undersigned volunteer, or his or her legal guardian, understands the nature and content of their duties, and in consideration of being permitted to participate in the volunteer program, agree as follows:

1. To waive and release any and all claims for injuries or damages against the City of Mount Vernon, it's officers, agents or employees which may arise out of, or in any way connected with the manner in which the program is conducted or my participation in the program, and
2. To defend, indemnify, and hold harmless the City of Mount Vernon, it's officers, agents and employees, from any liability for damage or claims for damage for personal injury, including death, and property damage, which may arise out of or in any way be connected with the manner in which the program is conducted or my participation in the program.

I authorize the City of Mount Vernon or it's agents at the time of my application for volunteer or during my service to verify the information contained in this application as it relates to the volunteer position. I certify my statements in this application are true, complete and correct to the best of my knowledge and belief. I understand any falsification or omission of information may bar me from continued volunteerism.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

TV10  
P.O. Box 809  
Mount Vernon, WA 98273  
(360) 416-3233  
tv10@ci.mount-vernon.wa.us

**City of Mount Vernon**  
**Volunteer Proof of Identity Declaration**

Applicant/Volunteer Name \_\_\_\_\_

Department \_\_\_\_\_ Position \_\_\_\_\_

If a volunteer's background check is not being processed by the hiring Department, then it is the volunteer coordinator's responsibility to sight the applicant's identification documents. This is an assurance to the person who processes the background check that the correct documentation was provided, verified and matches the applicant.

Identification requirement:

The volunteer must produce identification documents to confirm their identity. The documents must show: photograph, full name, date of birth and signature. A combination of two documents can be used.

Please indicate which identification documents have been sighted:

- Current WA State driver's license, learner's permit or ID card
- Current US Passport
- HS, College or University Student ID
- Valid ID from a foreign country: \_\_\_\_\_

All identification documents sighted must be originals (photocopies are not acceptable).

I declare I have checked the details, including the signature provided on the Background Investigation Disclosure Statement and WSP Request for Criminal History Information forms and confirm they match those on the identification documents sighted.

Name of Volunteer Coordinator \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

cc: Human Resources



**TV10**  
**Volunteer Application Addendum**  
 (360) 419-3233 or tv10@ci.mount-vernon.wa.us

**Washington State Patrol Request for Criminal History Information** (pursuant to RCW 43.43.830 through 43.43.845)

*WSP background check is mandatory due to contact with the public, including children.*

Applicant's Full Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Are you known to schools or references by another name? Please provide: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Driver's Lic. Number/State: \_\_\_\_\_

**By signing below I am giving the City of Mount Vernon and TV10 authorization to complete a Washington State Patrol Criminal History check.**

Applicant's Signature: \_\_\_\_\_

**Volunteer Application Addendum – For Youth Under Age 18**

**Parental Release -- Use Only for youth under 18 years of age:**

\_\_\_\_\_ has my permission to accept an assignment as a volunteer for TV10.

Signature of Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## City of Mount Vernon Notification and Authorization for Background Investigation Disclosure Statement

In compliance with RCW 43.43.830-845, all applicants who have been offered a position as a volunteer, and in which position the person may have unsupervised access to children under sixteen years of age, to developmentally disabled persons, or to vulnerable adults\*, are required to disclose the following information:

\* *vulnerable adult as defined in RCW Ch 74.34 except for the purposes of requesting and receiving background checks pursuant to RCW 43.43.832, it shall also include adults of any age who lack the functional, mental, or physical ability to care for themselves.*

1.	<p>Have you ever been convicted of any crime against children or other persons*?</p> <p><i>* Crime against children or other persons means a conviction of any of the following offenses: Aggravated murder; first or second degree murder; first or second degree kidnapping; first, second, or third degree assault; first, second, or third degree assault of a child; first, second, or third degree rape; first, second, or third degree rape of a child; first or second degree robbery; first degree arson; first degree burglary; first or second degree manslaughter; first or second degree extortion; indecent liberties; incest; vehicular homicide; first degree promoting prostitution; communication with a minor; unlawful imprisonment; simple assault; sexual exploitation of minors; first or second degree criminal mistreatment; endangerment with a controlled substance; child abuse or neglect as defined in RCW 26.44.020; first or second degree custodial interference; first or second degree custodial sexual misconduct; malicious harassment; first, second, or third degree child molestation; first or second degree sexual misconduct with a minor; patronizing a juvenile prostitute; child abandonment; promoting pornography; selling or distributing erotic material to a minor; custodial assault; violation of child abuse restraining order; child buying or selling; prostitution; felony indecent exposure; criminal abandonment; or any of these crimes as they may be renamed in the future.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	<p>Have you been convicted of crimes relating to financial exploitation* where the victim was a vulnerable adult?</p> <p><i>* Crimes relating to financial exploitation means a conviction for first, second, or third degree extortion; first, second, or third degree theft; first or second degree robbery; forgery, or any of these crimes as they may be renamed in the future</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	<p>Have you been convicted of crimes related to drugs* as defined in RCW 43.43.830.</p> <p><i>* Crimes related to drugs means a conviction of a crime to manufacture, delivery, or possession with intent to manufacture or deliver a controlled substance.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	<p>Have you been found in any dependency action under RCW 13.34.040 to have sexually assaulted or exploited any minor or to have physically abused any minor?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	<p>Have you been found by a court in a domestic relations proceeding under Title 26 RCW to have sexually abused or exploited any minor or to have physically abused any minor?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	<p>Have you been found in any disciplinary board final decision to have sexually or physically abused or exploited any minor or developmentally disabled person, or to have abused or financially exploited a vulnerable adult?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	<p>Have you been found by a court in a protection proceeding under Chapter 74.34 RCW, to have abused or financially exploited a vulnerable adult?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

If the Answer is Yes to any of the previous questions, please describe the location, date and facts of the conviction and make reference to the question being answered:


The City of Mount Vernon shall make an inquiry to the Washington State Patrol regarding an applicant's conviction record, disciplinary board final decision, or civil adjudication record. Applicants will be notified by the State Patrol's response within ten working days of receipt of this information by the City of Mount Vernon. A copy of the response will be made available to the applicant.

I acknowledge that I have read the entire Notification and Authorization for Background Investigation Disclosure Statement, that I understand the requirements, and I grant permission to the City of Mount Vernon to make an inquiry to the Washington State Patrol under the provisions of this law. Pursuant to RCW 9A.72.085, I certify that under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Applicant's Signature	Social Security Number
Applicant's Name (print)	Date of Birth
Today's Date	Birth Place

City of Mount Vernon witness
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cc: Human Resources