

City of Lakewood Emergency Management Volunteer Pre-Application Packet

Thank you for your interest in volunteering with the City of Lakewood to provide support in the event of a community disaster. The city has an emergency management plan which includes providing shelter and care to our citizens. We currently have identified shelter locations throughout Lakewood that will need volunteer support.

This form is the first step of the City's volunteer review and assessment process. All volunteers will be screened to protect our citizens and our volunteers, ensure that each shelter site is a safe place for all citizens to gather and to match your skills and abilities with a volunteer task. When you complete and return this form a Criminal History Check will be conducted. After completion of the check, you will be interviewed to determine the best placement for you in a disaster situation. A check list is attached of the various skills we will need to support a shelter site. Additional information and training will be provided to ensure you are ready and able to help when we call!

Name: First: _____ Middle: _____ Last: _____

Address: Street: _____ City: _____ Zip _____

Phone: Home: _____ Work: _____ Cell: _____

E-mail: _____ Date of Birth: _____

Driver's License Number: _____ State, if other than WA: _____

* Social Security Number _____

* needed for background check if you do not have a Washington State Drivers License

Signature

Date

Please complete this packet and return all pages to Suzi Riley,
Lakewood Parks and Recreation Department at Lakewood City Hall
6000 Main Street SW, Lakewood, WA 98499

NOTICE TO VOLUNTEERS

Volunteers are not considered to be City of Lakewood employees. Injury compensation is provided through the Department of Labor & Industries. This is why it is imperative that volunteers submit time cards. That is the City's way of notifying L&I and paying volunteers' L&I insurance.

The data furnished on this form is furnished voluntarily and will be used to contact, interview and place volunteers. This information will not be shared outside the City without the volunteer's permission. If you are accepted as a volunteer, the City requires all prospective volunteers to submit to a background check.

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. I understand that it is a normal part of processing volunteers to reserve the right to make such inquiries as are deemed appropriate to the suitability of any new worker and that this is not designed to cause me any embarrassment. Further, I give permission for an authorized representative of the City to conduct a 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 City of Lakewood and those individuals/institutions that provide information from any liability that may arise from the provision of this information.

If I am arrested or charged with any crime during my tenure as a volunteer, I must report it to my supervisor within seven (7) days of the arrest or filing of any information charging me with any criminal offense. Failure to do so will result in the termination of my volunteer services.

As a volunteer for the City of Lakewood, I am fully aware that the work associated with being a City 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 City's Volunteer Program, I hereby assume all risk of injury, damage and harm to myself arising from such activities or use of City facilities. I also hereby individually and on behalf of my heirs, executors and assignees, release and hold harmless the City of Lakewood, its officials, employees and agents and waive any right of recovery that I might have to bring a claim or lawsuit against them for any personal injury, death 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 the City. 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.

Volunteer Name (please print) _____

Signature: _____ Date: _____

If under 18 Parent or Guardian:

_____ Date: _____