



Volunteer Application

Thank you for your interest in volunteering for Si View Metro Parks programs.

For faster processing, complete this form online: www.siviewpark.org/volunteer.html

Contact Information

Name	
Street Address	
City, State, ZIP Code	
Phone	
E-Mail Address	
Check box IF under 18	<input type="checkbox"/>
T-shirt size (optional)	

Volunteer Positions

What position are you applying for? Please select all that apply.

<input type="checkbox"/> Youth sports: Basketball (Rec)	<input type="checkbox"/> Special events: Harvest Festival
<input type="checkbox"/> Youth sports: Track and Field/Cross Country	<input type="checkbox"/> Parks: Park beautification
<input type="checkbox"/> Youth sports: Wrestling	<input type="checkbox"/> Parks: Trail maintenance
<input type="checkbox"/> Youth programs: Summer camp/after school	<input type="checkbox"/> Aquatics: Junior volunteer
<input type="checkbox"/> Special events: Farmers market	
<input type="checkbox"/> Special events: Family Nights	<input type="checkbox"/> Other: _____

Person to Notify in Case of Emergency

Name	
Phone	

Background Check

All volunteers must successfully complete a Washington State Patrol background check. By submitting this application I give permission for Si View Metro Parks to run a WSP background check.

Full Name (First, Middle, Last)		
Maiden name or alias		
Birthdate		
Male <input type="checkbox"/> Female <input type="checkbox"/>		
Have you ever been convicted of a crime?	Yes	No
Have you ever had findings ever made against you in any civil adjudicative proceedings?	Yes	No
Have you ever had both a conviction and findings made against you?	Yes	No
If you answered Yes to any of the above, please explain.		



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Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Please return application to:

Si View Metro Parks / Volunteers
PO Box 346, North Bend WA 98045
Email: info@siviewpark.org
Phone: 425-831-1900
Fax: 425-831-1442

