



# Application

## City of Kelso

### Volunteers, Commissions, Boards and Committees

Date Received

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#### Personal Information

Last Name	First Name	Middle Initial
Address	City/State	Zip
Home Phone	Message Phone	Work Phone
Email		

Are you over the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Birth	Do you have, or can you obtain a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No Driver's License Number:
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#### Availability & Skills

Availability <input type="checkbox"/> Long Term <input type="checkbox"/> Short Term <input type="checkbox"/> Special Project	Are you currently certified in CPR? <input type="checkbox"/> Yes <input type="checkbox"/> No First Aid? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Check the dates you can be available for work (check all that apply)

Sunday  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday

In what particular areas of volunteer work, commission, board or committee are you interested?

<input type="checkbox"/> Board of Adjustment and Appeals	<input type="checkbox"/> Lodging Tax Advisory Committee	<input type="checkbox"/> 'Big Idea' Tourism Committee
<input type="checkbox"/> Stormwater Advisory Committee	<input type="checkbox"/> Planning Commission	<input type="checkbox"/> Housing Authority
<input type="checkbox"/> Civil Service	<input type="checkbox"/> Library Board	<input type="checkbox"/> Park Board
<input type="checkbox"/> Highlander Festival	<input type="checkbox"/> Depot/Library/City Volunteer	<input type="checkbox"/> Other: _____

What general skills/experience/education would you like to share in your work for the City of Kelso?

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#### Criminal Convictions

Have you ever been convicted of a felony or released from prison within the last ten (10) years, or a misdemeanor other than minor traffic offenses within the past three (3) years? *(A conviction will not necessarily bar you from appointment)*

Yes  No      If yes, please explain:

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#### Medical Considerations

Do you have any medical, physical or emotional conditions that should be taken into consideration in arranging volunteer, commission, board or committee assignments?

Yes  No      If yes, please explain:

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In case of emergency, please contact	Address/City/State/Zip	Phone
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#### References (do not list relatives)

Name	Address/City/State/Zip	Phone

## Notice to Volunteers

Persons appointed as volunteers, commission, board and committee members are not considered to be City of Kelso employees. Injury compensation, however, is provided through the Department of Labor & Industries. Services as a volunteer, commission, board or committee member are 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 and/or commission, board or committee members.

## 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 and/or commission, board, or committee member. Further, I give permission for an authorized representative of the City of Kelso 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 and/or commission, board or committee position for which I am being considered. I release the City of Kelso and those individuals/institutions that provide information from any liability that may arise from the provision of this information

As a volunteer, commission, board or committee member for the City of Kelso, I am fully aware that the work associated with being a volunteer, commission, board or committee member 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 these City programs, 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 Kelso, 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 or other consequences occurring to me arising out of my volunteer, commission, board or committee member 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 a physical injury and/or accident to me while participating in any of these programs/activities.

Signature	Date
If under 18, Parent or guardian's signature	Date

Return completed and signed application to:  
**City of Kelso, City Manager's Office**  
**203 S. Pacific**  
**PO Box 819**  
**Kelso, WA 98626**

Please call 360-577-3301 if you have any questions or need additional information.