



CITY OF PORT ANGELES
VOLUNTEER APPLICATION
PORT ANGELES SENIOR & COMMUNITY CENTER

The City of Port Angeles operates a volunteer program that provides services to the Senior Center. This program enables the City to take advantage of the extraordinary reserve of knowledge, talent and skill possessed by volunteers within our community and to augment City services with these abilities. This program also provides residents interested in local government the opportunity to perform work of value to the community.

Name _____ Date of Birth _____

Address _____ City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____ Email Address _____

In case of Emergency Please Notify:

Name _____ Relationship _____ Phone _____

Doctor Name/Phone _____

Do you have any medical conditions that should be taken into account in arrange volunteer assignments?

If so, please explain _____

Are you currently certified in CPR _____, First Aid _____?

Please provide the names and phone numbers of two references (not relatives) _____

Availability

Long-term Short-term Special Project

Select the days you can be available for Volunteer work:

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Hours/Times of day available _____

In what areas of volunteer work are you interested?

What aspects have you enjoyed most about your previous paid or volunteer work?

Phone: 360-417-4554

Website: www.cityofpa.us | Email: abright@cityofpa.us

328 East Seventh Street | Port Angeles, WA 98362-0217



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What talents, skills or strengths do you feel you have to contribute?

Notice to Volunteers: Volunteers are not considered to be City of Port Angeles employees. Injury compensation is provided through Department of Labor & Industries, and not through the City of Port Angeles.

Your signature is required below: To the best of my knowledge the information herein is true and correct; I understand that falsification is grounds for dismissal as a volunteer. I give permission for an authorized representative of the City to conduct a state patrol check in accordance with RCW 43.43.832. I release the City of Port Angeles and those individuals providing information from any liability that may arise from provision of this information.

As a Volunteer for the City of Port Angeles, I am fully aware that work associated with being a volunteer involves certain risks. I hereby assume all risk of injury or damage to myself arising from such activities or use of City facility. I agree, on behalf of myself, my heirs, executors or other successors in interest, to defend, indemnify, and hold harmless the City, its officers, officials, employees, and volunteers from and against any and all claims, suits, actions, or liabilities for injury or death of any person, or for loss or damage to property, which arises out of my volunteer activities, except only such injury or damage as shall have been occasioned by the sole negligence of the City

I give permission to have my photo taken and used for publicity purposes by the City. I authorize any necessary 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: _____

FOR OFFICE USE ONLY	
Date Received:	Received By: