

TRS Volunteer

Thank you so much for signing up to volunteer with Spokane Parks and Recreation Therapeutic Recreation Services (TRS). Our program has such a great need for committed people like you from our community.

As a TRS volunteer, you will be assisting our staff facilitate classes and activities designed for people with developmental and/or physical disabilities to enjoy recreation and leisure experiences. We offer a large range of activities, from aerobics and sports programs to socialization classes such as Fine Dining and Friday Funs. Make sure you receive a current copy of our brochure so you can see what TRS is currently offering.

If you sign up to volunteer for a class or activity, we are counting on you to fulfill this commitment as it allows us to provide a quality experience for our customers. Of course, we understand there will be times you just can't make it. Please, let the office know if you are unable to attend any of the classes or activities you signed up for so we are able to get a replacement.

Through volunteering for TRS, you can make a positive difference in the lives of the population we serve. It is important to stay upbeat and leave your life stresses behind. Your attitude can set the tone for the entire activity.

In addition to the benefits you will be providing others, you most likely will grow from the volunteer experience. You will be amazed at the participant's positive outlook and their ability to affect your life. Our participants are truly grateful for the opportunity to take part in our program. Volunteering for TRS will give you a sense of purpose and many times a new perspective on life.

Enjoy your experience! And thanks in advance for enhancing our program.

Alice Busch, CTRS
Therapeutic Recreation Services
509.625.6245

Winter



Summer





CITY OF SPOKANE VOLUNTEER AGREEMENT WAIVER AND RELEASE

APPLICATION

The purpose of this Agreement, Waiver, and Release is to document the terms and conditions under which the Volunteer will be providing volunteer services to the City of Spokane.

Volunteer Information for: _____ Supervisor _____

Adult Under 18 (Parent signature required) _____

Volunteer Name: _____ Date of Application: _____
Address: _____ City: _____ State: _____ Zip: _____
Preferred Phone Contact: (____) _____ Email: _____

Goal or purpose of your volunteer service: _____
Total desired commitment is _____ hours per _____ from _____ until _____

Type of volunteer work desired

- | | | |
|--|---|---|
| <input type="checkbox"/> Athletic Fields | <input type="checkbox"/> Internship | <input type="checkbox"/> Sports |
| <input type="checkbox"/> Aquatics & Pools | <input type="checkbox"/> Outdoor Recreation | <input type="checkbox"/> Therapeutic Recreation |
| <input type="checkbox"/> Art Enrichment | <input type="checkbox"/> Parks & Gardening | <input type="checkbox"/> Trail Maintenance |
| <input type="checkbox"/> Business Operations | <input type="checkbox"/> Special Events | <input type="checkbox"/> Other |
| <input type="checkbox"/> Clerical and Computer | <input type="checkbox"/> Special Interest | Describe: _____ |

Previous Employment and/or Volunteer Experience: _____

Related Experience and/or Special Related Experience and/or Special Interest: _____

Education/Certifications (*i.e.*, Washington license, professional license, First Aid/CPR): _____

Are you completing required volunteer hours for educational credits or for court ordered community service?
 Yes No If yes, please identify institution/organization: _____

Age (optional): 14-18 18-27 28-37 38-47 48-60 61-80 81+

Availability	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours							

Emergency Contact: Name _____ Phone: _____ Relationship: _____

AGREEMENT AND WAIVER/RELEASE

AGREEMENT FOR NON-COMPENSATED SERVICES: I hereby volunteer my time and services to the City of Spokane, which in turn permits me to volunteer in the activity referenced above and/or utilize any City facility or equipment in connection with the volunteer activity listed above. It is further understood that this Agreement, Release, and Waiver shall not in any way constitute nor create an employer/employee relationship between the City of Spokane and the Volunteer. The City shall not be responsible for, nor liable for, nor shall

the applicant be eligible to receive, any compensation or benefits as a result of this Agreement. I agree to abide by all relevant City policies and procedures and to perform the volunteer services in a safe, responsible, manner in accordance with the descriptions of service.

CONFIDENTIALITY AGREEMENT: as volunteer of for the City of Spokane, I understand that I may be granted access to confidential information, including health information. I understand that I am granted this access only for the duration of my volunteer assignment, and that I must hold all such information in the strictest confidence, both during and after my volunteer assignment. When I must discuss or otherwise share confidential information in the course of my volunteer assignment, I will use discretion to ensure that I share that information only with those who have a need to know it to perform their duties and only to the extent necessary for them to do so.

I further understand that:

1. I hereby identify that I am capable of performing duties without accommodation, or with the following accommodation(s): _____.
2. I am not to appear for volunteer service under the influence of alcohol or any illegal drugs. I agree to inform the supervisor at the beginning of the shift if taking any over-the-counter or prescription medications that may impair the ability to perform volunteer duties.
3. I will abide by all City policies regarding personal conduct while performing volunteer services.
4. I agree not to go beyond the scope of volunteer work agreed to without specific authorization in advance.
5. I will have training on any activity that I am unfamiliar with, learn the corresponding policies, and it is my responsibility to understand them completely or ask questions until I feel confident to perform them.
6. I hereby consent to first aid, emergency medical care and if necessary, admission to an accredited hospital when necessary for executing such care, for treatment of injuries that I may sustain while volunteering for the City of Spokane.
7. I understand that it is my obligation to have a health insurance policy in effect while volunteering for the City of Spokane and to otherwise be responsible for any and all medical expenses which may be incurred while participating in the volunteer activity.
8. I grant full permission to use any photographs, videotapes, video clips, or recordings for publicity purposes by the City of Spokane.

WAIVER AND HOLD HARMLESS: I am fully aware that the work associated with being a City of Spokane Volunteer involves certain risks of physical injury, property damage, or death. In consideration for the experience and other personal benefits gained by being permitted to volunteer for the City of Spokane, to the maximum extent permitted by law, I voluntarily assume all risks of bodily injury or property damage associated with participation. I agree to defend, indemnify, and save harmless the City of Spokane, its appointed and elected officers, employees, agents, and representatives from and against all loss or expense including but not limited to judgments, settlements, attorney fees, and costs for bodily injury, death, or property damage arising out of any act or omission under or in connection with my volunteering except only such injury as shall have been occasioned by the sole negligence of the City of Spokane, its appointed and elected officers, employees, agents, or representatives. To the extent any of the damages referenced herein were caused by or resulted from the concurrent negligence of the City of Spokane, its elected and appointed officers, employees, agents, or

representatives and others, this obligation to indemnify, defend, and hold harmless is valid and enforceable to the extent of the negligence of the volunteer. Further, I understand that I am not an employee or agent of the City of Spokane and that I have no claim to any industrial insurance (i.e., workers compensation) or other healthcare-related benefits. (initial) _____

Suspension of Volunteer Agreement: I understand that the City of Spokane or I may suspend this agreement at any time without cause, and that I am volunteering my services at will and may be asked to discontinue such without prior notice or reason.

I EXPRESSLY AGREE THAT THIS AGREEMENT, RELEASE, AND WAIVER IS INTENDED TO BE AS BROAD AND INCLUSIVE AS PERMITTED BY WASHINGTON LAW AND THAT IF ANY PORTION THEREOF IS HELD INVALID, NOTWITHSTANDING, THE BALANCE SHALL CONTINUE IN FULL LEGAL FORCE AND EFFECT. BY SIGNING BELOW, I CERTIFY THAT I AM OVER THE AGE OF 18, HAVE READ THE FOREGOING TERMS, UNDERSTAND THEM FULLY, AND AGREE TO THE SAME.

This Agreement will be in effect for the duration of my volunteering services beginning this date:

Dated this _____ day of _____, 2018.

Volunteer's Signature

Volunteer's Name (print)

Parent or Guardian Signature

CHILD AND ADULT ABUSE INFORMATION DISCLOSURE FORM

The job for which you have applied may require unsupervised access to children under 16 years of age, to vulnerable adults or to developmentally disabled persons. The City will request from the Washington State Patrol information relative to any convictions you may have had of offenses against persons, adjudications of child abuse or disciplinary board final decisions.

“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.

“Crime relating to financial exploitation” means a conviction of any of the following offenses, if the victim was a vulnerable adult: 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.

“Crime relating to drugs” means a conviction of a crime to manufacture, delivery, or possession with intent to manufacture or deliver a controlled substance.

We are also required to ask you the following questions:

1. Have you ever been convicted of any of the above-defined crimes? If so, which? _____
2. Have you ever been found, under RCW 13.34.020(2)(b), to have sexually assaulted, exploited or physically abused any minor? _____
3. Have you ever been found by a court, in a domestic relations proceeding, under Title 26 RCW, to have sexually abused, exploited or physically abused a minor? _____
4. Have you ever been found, in any disciplinary board final decision, to have sexually abused, exploited or physically abused a minor? _____

I SWEAR, UNDER THE PENALTY OF PERJURY, THAT THE ANSWERS GIVEN ON THIS DISCLOSURE FORM HAVE BEEN MADE BY ME AND ARE TRUE AND CORRECT.



Signature _____

Print Name _____

Date _____

Date of Birth _____

Driver's License number _____

You will be notified of our receipt of the State Patrol's response. This information shall be used only in making the initial employment decision and will not be further disseminated.



**Notice for Applicant/Employee
A-4 Authorization**

**'Notice of Intent' and 'Authorization' To Obtain an Investigative Consumer Report for Employment or
Other Legitimate Permissible Purposes**

The undersigned applicant/employee is hereby notified that _____ (**Employer**) may obtain an investigative consumer report for employment purposes through ACRANet. Such report may include information as to character, general reputation, history of criminal convictions, employment, education, professional license, credit and/or driver's record history. Applicant/employee acknowledges that he/she is herein informed of his/her right to request within a reasonable period of time after receiving this notice, a complete and accurate disclosure of the nature and scope of the investigation requested. Such disclosure will be mailed or otherwise delivered to applicant within five days from the date of the applicant/employee's request for disclosure or such report was first requested by employer, whichever is the later. Applicant/employee further authorizes the above named company to obtain an investigative consumer report through ACRANet for employment purposes at this time or anytime during the applicant/employee's tenure with employer.

Print Full Name: _____

Former Name/Maiden Name (list all): _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Previous Address: _____

City: _____ **State:** _____ **Zip:** _____

Social Security Number: _____

Date of Birth: ____ / ____ / ____

(In order for factual information to be obtained & reported, your date of birth and social security number are requested. This information is used solely for verification purposes in compliance with the Fair Credit Reporting Act.)

Driver's License # (if applicable) _____ **State of Issue** _____

Signature: _____ **Date:** _____

Exhibit “C”

Appendix A to Part 601

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every “consumer reporting agency” (CRA). Most CRA’s are credit bureaus that gather and sell information about you—such as if you pay your bills on time or have filed bankruptcy—to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u, at the Federal Trade Commission’s web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- **You must be told if information in your file has been used against you.** Anyone who uses information from a CRA to take action against you – such as denying an application for credit, insurance, or employment – must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- **You can find out what is in your file.** At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, the CRA may charge you a fee, which shall not exceed the amount established by the Federal Trade Commission on January 1 of each year.
- **You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRA’s – to which it has provided the data—of any error). The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA’s investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of statement if future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- **Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. **However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified.** If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
- **You can dispute inaccurate items with the source of the information.** If you tell anyone – such as a creditor who reports to a CRA – that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you’ve notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.
- **Outdate information may not be reported.** In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.
- **Access to your file is limited.** A CRA may provide information about you only to people with a need recognized by the FCRA – usually to consider an application with a creditor, insurer, employer, landlord, or other business.

- **Your consent is required for reports that are provided to employers, or reports that contain medical information.** A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your consent.
- **You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- **You may seek damage from violators.** If a CRA, user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA:

FOR QUESTIONS OR CONCERNS REGARDING:	PLEASE CONTACT:
CRAs, creditors and others not listed below	Federal Trade Commission Consumer Response Center- FCRA Washington, DC 20580 202-326-3761
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer programs Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-518-6360
State chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 800-934--FDIC
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce commission	Department of Transportation Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator – GIPSA Washington, DC 20250 202-720-7051



Assumption of Risk and Waiver of Liability

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people. The City of Spokane Parks and Recreation Department (SPRD) has created new protocols and put in place preventative measures to reduce the spread of COVID-19; however, SPRD cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending any program may increase yours and your child(ren)s' risk of contracting COVID-19.

.....

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending SPRD programs, activities, or events, and that such exposure or infection may result in personal injury, illness, permanent disability, and/or death. I understand that the risk of becoming exposed to or infected by COVID-19 from participation in SPRD programs may result from the actions, omissions, or negligence of myself and others, including, but not limited to, SPRD employees, volunteers, and program participants and their families. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself including, but not limited to, personal injury, disability, death, illness, damage, loss, claim, liability, or expense of any kind that I or my child(ren) may experience or incur in connection with my or my child(ren)s' attendance at SPRD programs. On my behalf, and on behalf of my child(ren), I hereby release, covenant not to sue, discharge, and hold harmless SPRD, City of Spokane, and their officials, employees, agents, and representatives, from and against any and all liability, claims, demands, actions, causes of action, damages, and expenses arising or in any way related to my or my child(ren)s' attendance at SPRD programs. I understand and agree that this release and covenant not to sue includes, but is not limited to, any claims related to COVID-19 based on the actions, omissions, or negligence of SPRD, City of Spokane, or their officials, employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any SPRD program.

Signature of Parent/Guardian Date

Print Name of Parent/Guardian Participant Name