

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 _____

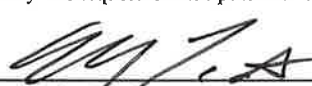
You will be notified of our receipt of the State Patrol's response. This information shall be used only in making the initial employment decision and will not be further disseminated.

WASHINGTON STATE PATROL

Identification and Criminal History Section
PO Box 42633, Olympia WA 98504-2633



REQUEST FOR CRIMINAL HISTORY INFORMATION CHILD/ADULT ABUSE INFORMATION ACT RCW 43.43.830 THROUGH 43.43.845 (Instructions on Reverse Side)

<p>A REQUESTING AGENCY/ADDRESS CITY OF SPOKANE Agency PARKS AND RECREATION Attn 808 W SPOKANE FALLS BLVD. Address SPOKANE, WA 99201 City/State/Zip</p> <p>I certify this request is made pursuant to and for the purpose indicated</p> <p> _____ Authorized Signature DIRECTOR, PARKS & RECREATION Title</p> <p>7/25/16 _____ Date</p> <p>(509) 625-6200 _____ Area Code/Phone Number</p>	<p>B PURPOSE Check appropriate box</p> <p><input type="checkbox"/> Educational School District (ESD)/School District Volunteer - no fee</p> <p><input checked="" type="checkbox"/> Non-Profit Business/Organization - no fee (Excluding Schools & ESD's)</p> <p><input type="checkbox"/> Profit Business/Organization - \$35</p> <p><input type="checkbox"/> Adoptive Parent - \$35</p> <p>Fees: Make payable to Washington State Patrol by check, money order, or business account.</p> <p>Notary letters certifying the results are available upon request. There is an additional \$5.00 processing fee per notary seal. _____ Notarized Letter(s)</p>
---	---

C APPLICANT OF INQUIRY (Please provide as much information as possible; name and date of birth are mandatory.)

Applicant's Name: _____
Last First Middle

Alias/Maiden Name(s): _____

Date of Birth: _____ Sex: _____ Race: _____
Month/Day/Year

Social Security Number: _____ n/a Driver's Lic. Number/State: _____ n/a / _____
(optional)

Secondary dissemination of this criminal history record information response is prohibited unless in compliance with statute.

D WASHINGTON STATE PATROL IDENTIFICATION & CRIMINAL HISTORY SECTION

As of this date, the applicant named below has no record pursuant to RCW 43.43.830 through 43.43.845.

City of Spokane
Requesting Agency

PLEASE SIGN HERE →

Applicant's Signature _____

Applicant's Name _____

Address _____

City/State/Zip _____

WSP Use Only

Applicant Right Thumb Print (Optional)