



# Port Angeles Police Department Volunteer Application



The Port Angeles Police Department operates a volunteer program that provides services organization-wide. The purpose of the program is to enable the Police Department to take advantage of the extraordinary reserve of knowledge, talent, and skill possessed by volunteers within our community and to capitalize on these abilities to augment Police Department services. The intent is also to provide a program which involves interested residents in local government while providing them the opportunity to perform work of value to the community.

The volunteer application is designed to give applicants an opportunity to share their background, experience, interests and skills, enabling the Police Department to make the best possible volunteer placement. **Please be sure to answer all of the questions below.**

**Name:** \_\_\_\_\_  
(Last) (First) (Middle)

**Address:** \_\_\_\_\_  
(Street Address) (City) (State) (Zip)

**Home Phone:** \_\_\_\_\_ **Message:** \_\_\_\_\_ **Work:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Are you over the age of 18?** **Date of Birth** \_\_\_\_\_

Yes  No

**Do you have a valid Washington State Driver's License?** **WA State Driver's License or ID Card #**

Yes  No \_\_\_\_\_

**If "No", can you obtain a valid Washington State Driver's License?**

Yes  No  Not Applicable

**Availability**

Long-Term  Short-Term  Special Project

**Days You Can Be Available for Volunteer Work**

Sunday  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday

**Are you currently certified in CPR?**

Yes  No

**Are you currently certified in First Aid?**

Yes  No

**In What Particular Areas of Volunteer Work are you Interested?**

**What General Skills/Experience/Education Would You Like to Share in Your Volunteer Work?**

**Criminal Convictions**

Have you been convicted of a felony or released from prison within the last ten (10) years?  Yes  No

If yes, please explain:

Have you been convicted of a misdemeanor other than minor traffic offenses within the past three (3) years?  Yes  No

If yes, please explain:

**References (Do Not List Relatives)**

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Yes  No

If yes, please explain:

Emergency Contact Name: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

Emergency Contact Address: \_\_\_\_\_

## Notice to Volunteers

Volunteers are not considered to be City of Port Angeles employees. Injury Compensation is provided through the Department of Labor & Industries. Volunteer service is 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.

## 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. Further I give permission for an authorized representative of the City 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 position for which I am being considered and I release the City of Port Angeles and those individuals/institutions that provide information from any liability that may arise from the provision of this information.

As a volunteer for the City of Port Angeles, I am fully aware that the work associated with being a City Volunteer 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 the City's Volunteer Program, 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 Port Angeles, 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 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 physical injury and/or accident to me while participating in this program.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

If Under 18, Parent or Guardian's

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Notification and Authorization for Background Investigation Disclosure Statement

In compliance with RCW 43.43.830-845, all applicants who have been offered a position as a volunteer, and in which position the person may have unsupervised access to children under sixteen years of age, to developmentally disabled persons, or to vulnerable adults, are required to disclose the following information:

1. Have you ever been convicted of any crime against children or other persons\*?  Yes  No

*\*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.*

2. Have you been convicted of crimes relating to financial exploitation where the victim was a vulnerable adult?  Yes  No

3. Have you been found in any dependency action under RCW 13.34.040 to have sexually assaulted or exploited any minor or to have physically abused any minor?  Yes  No

4. Have you been found by a court in a domestic relations proceeding under Title 26 RCW to have sexually abused or exploited any minor or to have physically abused any minor?  Yes  No

5. Have you been found in any disciplinary board final decision to have sexually or physically abused or exploited any minor or developmentally disabled person, or to have abused or financially exploited a vulnerable adult?  Yes  No

6. Have you been found by a court in a protection proceeding under Chapter 74.34 RCW, to have abused or financially exploited a vulnerable adult?  Yes  No

If the Answer is "Yes" to any of the previous questions, please describe the location, date and facts of the conviction and make reference to the question being answered:

The Port Angeles Police Department shall make an inquiry to the Washington State Patrol regarding an applicant's conviction record, disciplinary board final decision, or civil adjudication record. Applicants will be notified of the State Patrol's response within ten working days of receipt of this information by the Port Angeles Police Department. A copy of the response will be made available to the applicant.

I acknowledge that I have read the entire Notification and Authorization for Background Investigation Disclosure Statement, that I understand the requirements, and I grant permission to the Port Angeles Police Department to make an inquiry to the Washington State Patrol under the provisions of this law, pursuant to RCW 9A.72.085. I certify that under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Applicant's Signature: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Applicant's Name (print): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Birth Place: \_\_\_\_\_

## Agreement for Individual Volunteer Services

This Agreement is made, by and between the City of Port Angeles, a political subdivision of the State of Washington hereinafter referred to as the "City" and \_\_\_\_\_ hereinafter referred to as the "Volunteer".

PURPOSE: The purpose of this Agreement is to outline the responsibilities of the City in providing volunteer opportunities, and to create an understanding between the City and the Volunteer.

This Agreement shall apply to persons voluntarily performing non-compensated services for the City, including but not limited to, practical work experience, recreational programs, senior programs, police resource centers, and academic internships.

AGREEMENT FOR NON-COMPENSATED SERVICES: The Volunteer agrees 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.

It is further understood that this Agreement shall not in any way constitute nor create an employer/employee relationship between the City and the Volunteer. The City shall not be responsible for, nor liable for, nor shall the Volunteer be eligible to receive, any compensation or benefits as a result of this Agreement EXCEPT for State Labor and Industries Industrial Insurance medical aid coverage.

In consideration of the City giving me permission to perform these volunteer services, I understand that:  
*(Please initial the following)*

\_\_\_\_ I am not to appear for volunteer service under the influence of any illegal drugs or alcohol. The Volunteer agrees to inform the supervisor at the beginning of the shift if taking any over-the-counter or prescription medications which may impair the ability to perform volunteer duties.

\_\_\_\_ I am not to have children with me, during my volunteer activities, that are under 14 years of age. If I do bring with me any children under 14 years of age (**which is a violation of this agreement**), I understand I will be held solely liable, and assume all risk of liability, for the children's actions and agree to hold the City harmless from any and all such related claims against the City; except for injuries and damages caused by the sole negligence of the City.

\_\_\_\_ I will abide by all City policies regarding personal conduct while performing volunteer services.

\_\_\_\_ I agree not go beyond the scope of volunteer work agreed to without authorization.

\_\_\_\_ I am to be trained 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.

\_\_\_\_ Depending on the scope of volunteer work, the following policies may apply: Driving, Safety Procedures, Computer Operation, Dress Code, Anti Harassment, Confidentiality

\_\_\_\_\_ Should an injury occur during the scope of my service the City has included my hours of volunteer service in the State Labor and Industries coverage for volunteer workers.

\_\_\_\_\_ I understand that I am to report any on-the-job injury or illness, no matter how minor, to the Police Volunteer Program Director.

BACKGROUND CHECKS: I consent to the City performing a background check into my history in accordance with RCW 43.43.830-839 and waive any right of privacy I may have in such information for the limited purpose of the City considering it for determining my suitability as a volunteer. (To be used for volunteers who will have unsupervised access to children, developmentally disabled persons, or vulnerable adults or who will be working with confidential information.)

TERMINATION: I understand that I or the City may terminate 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.

WAIVER & HOLD HARMLESS: I am fully aware that the work associated with being a City Volunteer 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 the City's Volunteer Program, 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, 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 activities.

LIABILITY COVERAGE: I understand that the City is self insured through the Washington Cities Insurance Authority (WCIA) for liability coverage. Volunteers performing within the scope of their assigned duties as authorized by the City are afforded the same coverage as City employees under the City's liability coverage with WCIA. I am fully aware that a volunteer's intentional misconduct is not protected or covered by the City or WCIA.

This agreement will be in effect for the duration of my volunteer services beginning this date.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

By: \_\_\_\_\_  
City of Port Angeles

\_\_\_\_\_  
Volunteer's Signature

**PORT ANGELES POLICE DEPARTMENT – MANUAL OF STANDARDS**

**PORT ANGELES POLICE DEPARTMENT  
CIVILIAN RIDE-ALONG PROGRAM APPLICANT BACKGROUND CHECK  
(DEPARTMENT USE ONLY – MANDATORY FOR ALL APPLICANTS)**

**RECORDS – CRIMINAL HISTORY – WARRANT CHECK:**

**WACIC:** \_\_\_\_\_

**NCIC:** \_\_\_\_\_

**APPLICANT'S DOL#:** \_\_\_\_\_

**DOL:** \_\_\_\_\_ **LICENSE STATUS:** \_\_\_\_\_

**DOC:** \_\_\_\_\_

**Applicant Clear (Y/N)** \_\_\_\_\_

**Comments:** \_\_\_\_\_

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**Check performed by:** \_\_\_\_\_

**Approved By: (Shift Supervisor)** \_\_\_\_\_

**Date/Shift Assigned:** \_\_\_\_\_

**Host Officer Assigned:** \_\_\_\_\_