



# Northern Wasco County Parks & Recreation District

## VOLUNTEER APPLICATION

### VOLUNTEER INFORMATION

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cell Phone/Alt: \_\_\_\_\_ Email: \_\_\_\_\_

### PROGRAM YOU ARE VOLUNTEERING FOR (CERTAIN ACTIVITIES WILL REQUIRE BACKGROUND CHECKS)

#### Description:

\_\_\_\_\_

Times and days of the week: \_\_\_\_\_

Duration of program: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Are you currently certified in any of the following: CPR \_\_\_\_\_ First Aid \_\_\_\_\_

Importance for volunteer position:  Essential  Important  Desirable

State age if under 18 or over 70: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Have you ever been convicted of a felony or child abuse? YES \_\_\_\_\_ NO \_\_\_\_\_

I, the undersigned, will be volunteering my services for Northern Wasco County Parks and Recreation District (NWCPD). I am not an employee of NWCPD and will not receive any compensation or benefits for my services. I understand that in my volunteer activity there is a risk of injury, illness, damage and loss. I hereby release and forever hold harmless NWCPD, its board, officers, employees and heirs from any and all claims, costs, liabilities, expenses and judgments whatsoever, including attorney's fees and court costs, arising out of my performance of services.

I authorize a representative of NWCPD to conduct a background investigation on my person. Said representative is authorized to obtain information relating to my activities from individuals, schools, employers, and criminal justice agencies. This information may include, but not limited to my academic records; employment and professional history, including performance, attendance, and disciplinary records; character assessments; driving record; and criminal justice records.

This Release shall continue in effect indefinitely unless terminated or modified with written consent of NWCPD.

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

(Your social security number and date of birth are required to do a background check)

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CONFIDENTIAL**

**Background Check Authorization**

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

Former Name(s) and Dates Used: \_\_\_\_\_

Current Address Since: \_\_\_\_\_  
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: \_\_\_\_\_  
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: \_\_\_\_\_  
(Mo/Yr) (Street) (City) (Zip/State)

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

Telephone Number: \_\_\_\_\_

Drivers License Number/State: \_\_\_\_\_

The information contained in this application is correct to the best of my knowledge. I hereby authorize     NWCPRD     and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; current and previous residences; and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency to divulge any and all information, verbal or written, pertaining to me, to     NWCPRD     or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

    NWCPRD     and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

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

**Notice to California, Minnesota and Oklahoma Residents:**  
Please check the box below if you wish to receive a copy of a consumer report that is requested.

I wish to receive a copy of any Background Check Report on me that is requested.