



Summer 2019

Dear Camp Patterson Volunteer Applicant:

Thank you for your interest in volunteering at Camp Patterson. Please fill out the enclosed forms and return them to Euan Robertson before June 6, 2019. A minimum of two weeks of volunteering is required, but we hope you will consider working additional weeks – the more you put into camp, the more you will get out of it!

The City of Everett is required to conduct a background check for volunteers per the requirements of RCW 43.43.830 through .840. The City of Everett requests the volunteer complete the enclosed background information forms. If the volunteer is under the age of 18, the parent must provide an authorization signature. This information will be used only in determining the volunteer's ability to volunteer at Camp Patterson and will not be used or disseminated for any other purpose.

All volunteers must be able to complete the two required days of training on **June 27 and 28**, and attend the **Counselor Group Interview and Orientation on June 12th in the Preschool building at Forest Park from 4:30-6 pm**. Please bring a parent with you if you are a new Camp Patterson Volunteer!

Please send your completed forms back to:

Everett Parks & Community Services
Attention: Euan Robertson
802 E. Mukilteo Blvd
Everett, WA 98203

Thank you again for your interest. If you know of any others who might be interested in having a meaningful and fun summer with us at Camp Patterson, please have them contact me at (425) 257-8396.

Sincerely,

Euan Robertson

Euan Robertson
Recreation Supervisor

Enclosure: Background Check packet, Volunteer Hold Harmless, Camp Patterson Volunteer Application

Select your swimming ability: Lifeguard certified Completed advanced swimmer classes
 Taken lessons, am comfortable swimming in a lake Like to play in the water Don't like to swim Can't

Select your kayaking ability: Have been kayak certified before Have done extensive kayaking
 Paddled a few times Need more time in a boat Don't like it Can't

Do you speak another language? Please explain (Including sign language)

Do you have any special musical abilities?

How many summers have you participated at Camp Patterson? _____ Other camping experiences? _____

Explain:

Why do you want to volunteer at Camp Patterson?

Pick your top 2 interests:

- | | |
|--|---|
| <input type="checkbox"/> Unit 1 & 2 – Elementary-aged children | <input type="checkbox"/> Sports and Games |
| <input type="checkbox"/> Unit 3 & 4 – Middle School | <input type="checkbox"/> Music and Movement |
| <input type="checkbox"/> Unit 5 & 6 – High School | <input type="checkbox"/> Arts and Crafts |

ADULT T-SHIRT

SIZE (circle one):

| | | |
|----|----|----|
| XS | S | M |
| L | XL | 2X |

Other _____ (may not be available)

MEDICAL HISTORY

Do you have:

- | | Yes | No |
|--|-----|-----|
| 1. Had any recent injury, illness or infectious disease? | ___ | ___ |
| 2. Have any dietary restrictions? | ___ | ___ |
| 3. Ever passed out/been dizzy during or after exercise? | ___ | ___ |
| 4. Ever had seizures? | ___ | ___ |
| 5. Any allergies? | ___ | ___ |
| 6. Will you be bringing any medications to camp? | ___ | ___ |

Please explain any "yes" answers, noting number of the question(s):

Do you have health issues that would affect your ability to safely participate in the day camp activities? Do you have any issues that we or the doctors need to be aware of in case of an emergency?

Do you require any accommodation to make your volunteer experience a success? Yes _____ No _____

If Yes, please explain: _____

VOLUNTEER APPLICATION HOLD HARMLESS

VOLUNTEER'S NAME: _____

ADDRESS: _____ CITY: _____ ZIP: _____

DAYTIME PHONE: () _____ EVENING PHONE: () _____

DATE OF BIRTH: _____ AGE _____ FEMALE MALE

Dates Volunteering: _____

Type of volunteer work to be performed: Camp Patterson Day Camp Counselor

In case of emergency, please notify:

NAME: _____ PHONE: () _____
Relationship _____

How did you hear about this program? Volunteered Before Guide Web Poster/ Banner
 Referred By Someone

I understand that as a volunteer for the City of Everett I will receive no compensation or benefits available to regular City employees. In addition, I understand that I serve at the discretion of the City and even though I am not in an employer-employee relationship, I must conform to the appropriate rules and regulations determined to be applicable to volunteers and/or other persons working with or for the City. In addition, for approval of my application, I hereby agree to release and hold harmless the City of Everett its officers, agents, and employees from any and all claims, actions, demands, suits, expenses, losses or liability arising out of, or related to, the volunteer services, I provide including, but not limited to, property damage and personal/bodily injury. I authorize the City of Everett to use, publish; copyright, and re-publish my photograph, in whole or in part, unchanged or modified, in all media that exists now or later, for the purposes of promoting, describing and advertising City facilities and events, and programs sponsored by the City of Everett I also release and waive any and all claims against the City for such use publication and re-publication. The undersigned also agrees to release and hold harmless the City of Everett, its officers, agents, and employees, from any and all claims, actions, demands, suits, expenses, losses or liability, or compensation in anyway related to the use and reproduction of photograph(s) taken of me which are used in City sponsored publications or placed on the City's website.

Please check here If you or your child(ren) do not want to be photographed.

Volunteer's Signature: _____ **DATE:** _____

AND

Parent's Signature (if under 18): _____ **DATE:** _____

FOR DEPARTMENT USE

Department: PARKS & COMMUNITY SERVICES

The above named individual will perform volunteer work for this Department amounting to approximately _____ hours per month. By my signature below, I verify and confirm that I am in compliance with the City of Everett Volunteer Policy.

Supervisor's Signature

Date

Background Check (Completed If Required (see policy): Yes No (not required)

Department Head Signature

Date

