



Volunteer Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____

Position Applied for: _____

Are you a resident living within Washougal city limits? YES NO If yes, how long?__

Please list any training or experience you have that would benefit your position of interest:

Optional: attach cover letter and resume

Are you involved in any personal, professional, or business pursuit that would constitute a conflict of interest that would impair your ability to make fair and impartial recommendations or decisions as a member of a City citizen advisory committee? If yes, explain:

Opportunity of Interest

_____ [Arts Commission - WMC 2.120](#)

_____ [Planning Commission – WMC 2.12](#)

_____ [Cemetery Board – WMC 2.44](#)

_____ [Salary Commission – WMC 2.118](#)

_____ [Civil Service – WMC 2.16](#)

_____ Special or Other Event, *specifically*

_____ [Parks Board of Commissioners – WMC 2.20](#)

References

Please list one personal and one professional reference.

Full Name: _____ Relationship: _____

Email: _____ Phone: _____

Full Name: _____ Relationship: _____

Email: _____ Phone: _____

The City of Washougal is mindful of its obligation to place qualified persons in volunteer positions and its entitlement under law to consider an applicant's convictions record as it relates to assignment performance. A conviction record will not necessarily disqualify you for a volunteer position unless such record would reasonably affect your fitness for the position for which you have applied. Have you been convicted of a felony or released from jail within the last ten (10) years, or have you been convicted of a misdemeanor other than minor traffic offenses within the past three (3) years? If yes explain

I understand and agree that submitting this application form does not automatically register me as a City of Washougal volunteer. Please note that any entry into this application/database will constitute a public record upon submission to the City and may be subject to disclosure under the Public Records Act (RCW 42.56). By submitting this form, I agree, to the best of my knowledge, that the information is true and complete. I understand that falsification of this application is grounds for dismissal as a volunteer. I Agree

Disclaimer and Signature

Full Name: _____ print

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____ Date: _____

Thank you for your interest in volunteering for the City of Washougal. The City welcomes the extraordinary reserve of knowledge, talent and skill possessed by volunteers within our great community. We ask that you complete this brief form to provide the Mayor with sufficient information to make an appointment to the desired City of Washougal board or commission. Completed forms and questions can be directed to the Office of the Mayor, Attn: [Rose Jewell](#), 1701 C Street, Washougal, WA 98671, 360.835.8501 ext. 101.