



City of Soap Lake Volunteer Application Form

Name: _____ Birthdate: _____

Address: _____

Phone No.: _____ Email: _____

When are you available to volunteer? _____

What prior volunteer experience do you have? _____

What skills or special knowledge do you possess? _____

Criminal History Disclosure? _____

A background check may be required based on the type of volunteer work performed, which may disqualify an applicant from some volunteer service projects.

In case of an accident or injury, please provide an emergency contact.

Contact Name: _____

Phone Number: _____

Employment/Volunteer References (if applicable):

Business/Organization Name: _____

Contact Name: _____ Phone: _____

Business/Organization Name: _____

Contact Name: _____ Phone: _____

Personal Reference (non-relative):

Name: _____

Relationship: _____ Phone: _____

I understand and agree that submitting this application form does not automatically register me as a City of Soap Lake volunteer, and that there may be certain qualifications I must meet, including the acceptance of established volunteer policies and procedures before I may begin volunteering.

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 attest that the information I have provided on the form is true, accurate and complete, and that I agree with the above statements.

Signature

Date

Please submit this application to City Hall, at the drop box, or via cityhall@soaplakewa.gov