



Seattle
Parks & Recreation



ASSOCIATED
RECREATION
COUNCIL

ADVISORY COUNCIL NEW MEMBER APPLICATION

Thank you for your interest in becoming an Advisory Council Member. You have chosen a volunteer role that provides you with an exciting opportunity to support your local community, the Department of Seattle Parks and Recreation (SPR) and the Associated Recreation Council (ARC). Advisory councils are an integral part of the SPR and ARC partnership. You are acting as a volunteer representative of ARC and will work closely with your local SPR staff. There are currently 36 advisory councils across the system, each operating in unique ways to prioritize the voice and needs of their neighbors, program participants and residents of Seattle at-large. SPR and ARC are committed to increasing racial equity in our services to the community. Your role as an advisory council member is an important component of those efforts. Please take a moment to learn more about the City of Seattle Race and Social Justice Initiative, www.seattle.gov/rsji.

Please fully complete the attached application packet and **provide a copy of your current state issued ID to**. Some forms request duplicate information, it is necessary for you to provide that information for each separate form. After completing the application and returning it to **Sebastian Wilson**, the Community Relations Program Manager at ARC, it will be routed for approval. Because of the complex nature of the partnership there are five levels of sequential approval, we appreciate your patience during this process. Once your application is approved and background check is cleared you will receive official notice that you have been accepted as an Advisory Council Member.

We are extremely grateful that you are taking this step to be involved in your community and look forward to supporting your success in this important and valuable volunteer position.

If you need assistance or have questions at any time during the application process, please do not hesitate to contact us directly.

For assistance with the application packet, process, and your primary contact at ARC, contact:

Sebastian Wilson
Community Relations Program Manager
Sebastian.Wilson@seattle.gov
206-265-1378

<p>Application Packet Attachments:</p> <ul style="list-style-type: none"> Membership Renewal Form (A-48) Volunteer Service Agreement (B-32) Consent to Release (ARC-HR5) 	<ul style="list-style-type: none"> WSP Form (ARC-HR7) Copy of State Issued ID Routing Form
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ADVISORY COUNCIL MEMBERSHIP CANDIDATE PROFILE APPLICATION FORM

Advisory Council:		Date:	
Applicant Name:			
Applicant address:		City:	Zip:
Primary Phone:	Preferred Contact Method	E-mail:	
Employer:		Job Title:	
Emergency Contact Name:	Relationship:	Emergency Contact Phone:	
Demographic Information			
Race or Ethnicity:	Home Language:	Gender:	

Have you participated at any Parks and Recreation facilities in the following capacities?

Advisory Council Member:	When _____	Where _____
Volunteer:	When _____	Where _____

What generated your interest in becoming an Advisory Council member?

Please list the skills, abilities and interests you possess which you are willing to use on behalf of the Advisory Council?

What equity issues do you think are important for ARC and Seattle Parks and Recreation to focus on to improve health outcomes for your community?

Are there other organizations you are involved with or affiliations you have which could be potential partners with the Advisory Council? YES NO, if yes please list them below. Please notify the Advisory Council Manager if you believe this relationship could cause a conflict of interest.

Please select your intended term length

1 Year 2 Years 3 Years

PERMISSIONS
<p>Do you grant permission to ARC to share your email address with other Advisory Council members citywide to streamline communications between councils?</p> <p>If you AGREE, Initial Here _____ (You may share my email with other council members)</p> <p>Photographs (stills and video) of you may be used for the City of Seattle, its Department of Parks and Recreation, or Associated Recreation Council or Advisory Council, publications.</p> <p>If you AGREE, Initial Here _____ (You may use my photograph)</p>



Volunteer Registration and Service Agreement

Instructions: Print or Type Responses		Mark with "X" where appropriate	
1. Legal Name: <i>(first, middle, last)</i> _____		3. Preferred Phone : _____ cell: _____	
Nickname: _____		4. E-mail _____	
2. Date of Birth: _____			
5. Street address: <i>(include apartment number)</i>		6. City:	7. State: 8. Zip:
9. Emergency Contact Information (Name , Phone Number, and Relationship)			
10. Is there any other pertinent information that we should know about you?			
11. At which facility/park would you like to volunteer?		11. If you represent a group provide the name	
12. Indicate the type of volunteer work you are interested in:			
General	Parks Maintenance	Recreation:	
<input type="checkbox"/> docent	<input type="checkbox"/> ecological restoration	<input type="checkbox"/> coach	
<input type="checkbox"/> computer work	<input type="checkbox"/> GSP Forest Steward	<input type="checkbox"/> mentoring	
<input type="checkbox"/> special event assistance	<input type="checkbox"/> Friends of Site Leader	<input type="checkbox"/> before/after school program	
<input type="checkbox"/> office work	<input type="checkbox"/> ongoing Steward	<input type="checkbox"/> sports programs	
<input type="checkbox"/> writing (grants, newsletters)	<input type="checkbox"/> 1 time only project	<input type="checkbox"/> pool assistance	
<input type="checkbox"/> mailings	<input type="checkbox"/> trail maintenance	<input type="checkbox"/> day camps	
<input type="checkbox"/> graphic arts	<input type="checkbox"/> off leash program	<input type="checkbox"/> arts/crafts programs	
<input type="checkbox"/> facility upkeep	<input type="checkbox"/> litter clean up	<input type="checkbox"/> late night program	
<input type="checkbox"/> Other: please indicate: <u>Advisory Council Member</u>			
Availability _____ _____			
13. Valid/Current State Driver's License <input type="checkbox"/> Yes <input type="checkbox"/> No # _____ State _____ CPR <input type="checkbox"/> Yes <input type="checkbox"/> No First Aid <input type="checkbox"/> Yes <input type="checkbox"/> No			

Matching Gift Program

Does your employer match volunteer hours? Volunteers can give time AND monetary donations to Seattle Parks and Recreation through employee matching programs! Your employer may be one of many local businesses that match volunteer hours. Yes No Unsure Company name: _____

Volunteers are not considered to be City of Seattle employees for any purposes. Injury compensation is provided as described in the Service Agreement. Volunteer service is considered to be creditable work experience. The data furnished on this form is furnished voluntarily and will only be used to contact, interview and place volunteers in their work assignment.

SEATTLE DEPARTMENT OF PARKS AND RECREATION

I. SERVICE AGREEMENT FOR PARKS AND RECREATION VOLUNTEERS

The City of Seattle, acting by and through its Department of Parks and Recreation (called the “Department” herein,) and _____ (called the “Volunteer” herein,) agree as follows:
(print legal name)

1. The Department shall:
 - a. Provide the Volunteer with such training, supervision, staff support, work space, and materials as the Department deems necessary to enable the Volunteer to perform his/her donated support services.
 - b. Provide the Volunteer insurance for an injury incurred while volunteering, for claims arising out of the Volunteer’s service as a registered Volunteer. **This coverage** is secondary to any other insurance the Volunteer may have.
 - c. Appear and defend a claim or lawsuit made against the Volunteer personally arising in the scope and course of carrying out an assignment as authorized by Seattle Municipal Code 4.64.100.

2. The Volunteer shall:
 - a. Abide by and conform to Department policies relative to appearance, discipline, behavior, attendance, caliber of work and written and oral directives.
 - b. Be personally responsible for prompt and accurate recording of his/her hours of actual work in the format provided by the Department. Failure to do so may result in loss of benefits.
 - c. Notify the Department when circumstances dictate termination of his/her volunteer service if prior to the date agreed upon.
 - d. Indemnify and hold the City of Seattle free and harmless from all liability arising out of any and all claims, demands, losses, damages, action or judgments of every kind and description which may occur to or be suffered by the Volunteer by reason of activities arising out of this agreement, except as stated in 1c above.

3. This agreement will be terminated upon written notice by either party to the other.

Volunteer Signature: _____ Date: _____

Parent’s signature or guardian if under 18 _____ Date: _____

II. DEPARTMENT

Supervisor Signature: _____

Supervisor Title: _____

Volunteer Position: _____ Position Location: _____



Consent to Release Information and Release from Liability

I understand that the Washington Child/Adult Abuse Information Act requires this agency to investigate my personal history to evaluate my qualifications to hold the position(s) for which I have applied. Therefore, I authorize Associated Recreation Council to gather all pertinent information regarding my personal history, including information which may be of a confidential or privileged nature.

I consent to your release of any and all public and private information in three areas:

1. **Civil adjudications:** a specific court finding of sexual abuse or exploitation or physical abuse in a dependency action(s) or in a domestic relations action(s);
2. **Conviction record:** criminal history record information relating to certain crime(s) against persons; and
3. **Disciplinary board final decisions:** Department of Licensing finding(s) of physical and sexual abuse or exploitation of a child.

I hereby agree to release you and those who supplied you with information of any kind, your company or organization, the City of Seattle and its employees, Associated Recreation Council and its employees from any liability for any damage which may result from furnishing the requested information.

I have been a resident of the State of Washington for 3 years to date.

Yes No

Signature _____ Date _____



REQUEST FOR CONVICTION CRIMINAL HISTORY RECORD (RCW 10.97)

- \$16 Fee — Conviction Criminal History Record Information Based on Name and Date of Birth**
 - For a \$12 fee and an immediate response using a credit card, access our web site listed above.
- \$38 Fee — Conviction Criminal History Record Information Based on Fingerprints**
 - A full set of fingerprints on a fingerprint card is required for processing.
- \$10 Fee per Notary Seal — Notary Letter(s) in Addition to Criminal History Record Check**
 - Requesting _____ Notarized Letter(s)

NOTE: The requested record information is furnished solely on the basis of name and/or description similarity with the subject of your inquiry. Positive identification or non-identification can only be effected upon receipt of fingerprints. Applicant may be advised of inquiry.

SUBJECT INFORMATION: (Please type or print clearly)

Applicant's Name _____
Last First Middle

Alias/Maiden Name/Other Names Used _____

Date of Birth _____
Month/Day/Year

REQUESTOR INFORMATION: (Please type or print clearly)

Name Associated Recreation Council

Address 8061 Densmore Avenue North

Seattle WA 98103
City State ZIP Code

Contact Phone Number (206) 615-1276

Would you like your results e-mailed or mailed? (Please select only one)

- Mailed (It may take 7 to 14 business days for response, when mailed.)
- E-Mailed*

E-Mail Address _____

Password _____

(Password must be 8-15 characters)

* Results can only be e-mailed for name and date of birth inquiries. Fingerprint-based background checks and notary letters will be mailed. Password is required to open encrypted PDF results.



Seattle
Parks & Recreation



**ASSOCIATED
RECREATION
COUNCIL**

Approval Routing & Validation
Official Use Only

We appreciate your thoughtful review of this ARC Advisory Council candidate application or member renewal application. A background check has been completed for this applicant and there are no records that raise concern for their participation as an advisory council member.

Please use the electronic signature function via DocuSign to submit your vote. The Advisory Council Support Coordinator, will be notified by DocuSign once all parties have successfully signed to approve this candidate for advisory council membership.

Thank you for your timely action and assistance with completing this process.

APPROVAL ROUTING:

APPROVAL VALIDATION

SPR Liaison _____ Date _____ YES NO
(Coordinator, Rec Specialist, etc.)

AC Chairperson _____ Date _____ YES NO
(President, Vice-President, Secretary)

ARC Designee _____ Date _____ YES NO
(Executive Director or AC Manager)

SPR Manager _____ Date _____ YES NO
(Geo or Program Manager)

SPR Rec Division Director _____ Date _____ YES NO