



Summer 2019

Dear Volunteer Applicant:

Thank you for applying to become a volunteer at the Forest Park Animal Farm. The Animal Farm Manager or Assistant Manager will be contacting you to set up an orientation date in June. Please fill out the enclosed forms and return to Jan Tanner. **Application Must Be Returned By June 11 To Be Considered.**

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 a Background Check screening prior to working at the Animal Farm. 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 the Animal Farm and will not be used or disseminated for any other purpose.

Please send your completed forms back to:

Everett Parks & Community Services  
Attention: Jan Tanner  
802 E. Mukilteo Blvd  
Everett, WA 98203

Thank you for your cooperation. If you have any questions, please contact me at (425) 257-8347.

Sincerely,

*Jan Tanner*

Jan Tanner  
Recreation Supervisor

[jtanner@everettwa.gov](mailto:jtanner@everettwa.gov)



**FOREST PARK ANIMAL FARM  
VOLUNTEER INFORMATION 2019**

We encourage reliable adults and youth ages 14 and older to spend a few hours a week working closely with the farm staff. A commitment of 4 hours per week is encouraged. After reviewing and accepting your application, you will be contacted to attend a scheduled volunteer orientation.

**APPLICATION DEADLINE: JUNE 11**

Send completed applications to:

**Everett Parks and Recreation Department  
Attn: Jan Tanner  
802 E Mukilteo Blvd  
Everett WA 98203**

Please print legibly

Volunteer's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  Female  Male  
*Must be 14 yrs or older*

**Days Available**

Mon\_\_\_\_\_ Tues\_\_\_\_\_ Wed\_\_\_\_\_ Thurs\_\_\_\_\_ Fri\_\_\_\_\_ Sat\_\_\_\_\_ Sun\_\_\_\_\_

**Times Available**

Mon\_\_\_\_\_ Tues\_\_\_\_\_ Wed\_\_\_\_\_ Thurs\_\_\_\_\_ Fri\_\_\_\_\_

Sat\_\_\_\_\_ Sun\_\_\_\_\_

**Please explain your experience working with animals or other interest you may have:**

\_\_\_\_\_  
\_\_\_\_\_

**How did you learn about this program?** \_\_\_\_\_

\_\_\_\_\_

**Personal Reference:** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**MEDICAL HISTORY**

<b>Do you:</b>	<b>Yes</b>	<b>No</b>
1. Have any recent injury, illness	___	___
2. Have lifting limitations?	___	___
3. Ever passed out/been dizzy during or after exercise?	___	___
4. Ever had seizures?	___	___
5. Have any allergies?	___	___
6. Will you be bringing any medications to the farm?	___	___

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

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

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**EMERGENCY CONTACT (if not able to reach Parent or Guardian)**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home/Cell # \_\_\_\_\_ Work \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home/Cell # \_\_\_\_\_ Work \_\_\_\_\_



ANIMAL FARM
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: \_\_\_\_\_

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: \_\_\_\_\_

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 \_\_\_\_\_