



**REFERENCES**

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

**DO YOU HAVE ANY MEDICAL CONDITIONS, PHYSICAL OR EMOTIONAL, THAT SHOULD BE TAKEN INTO CONSIDERATION IN ARRANGING VOLUNTEER ASSIGNMENTS?     YES     NO**

**IF YES, PLEASE EXPLAIN:** \_\_\_\_\_

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

**IN CASE OF EMERGENCY, PLEASE CONTACT:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**NOTICE TO VOLUNTEERS**

**Volunteers are not considered to be City of Pullman employees. Injury compensation is provided through the Department of Labor and Industries. Volunteer service is considered to be creditable work experience. The data furnished on this form is furnished voluntarily and will be used to contact, interview and place volunteers.**

**SIGNATURE IS REQUIRED**

To the best of my knowledge, the information herein is true and complete. I understand that falsification of this application is grounds for dismissal as a volunteer. Further, I give permission for an authorized representative of the City to conduct a state patrol criminal background check in accordance with RCW 43.43.830-839 and to inquire of individuals about my ability to perform all aspects of the volunteer position for which I am being considered, and I release the City of Pullman and those individuals/institutions that provide information from any liability that may arise from the provision of this information.

As a volunteer for the City of Pullman, I am fully aware that the work associated with being a City of Pullman volunteer involves certain risks of physical injury or death. Being fully informed as to these risks and in consideration of my being allowed to participate in the City's Volunteer Program, I hereby assume all risk of injury, damage and harm to myself arising from such activities or use of City facilities. I also hereby individually and on behalf of my heirs, executors and assignees, release and hold harmless the City of Pullman, its officials, employees and agents and waive any right of recovery that I might have to bring a claim or a lawsuit against them for any personal injury, death, or other consequences occurring to me arising out of my volunteer activities.

I give permission to have my photo taken and used for publicity purposes by the City. I authorize any necessary emergency medical treatment that might be required for me in the event of physical injury and/or accident to me while participating in this program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If under 18, parent or guardian's

Signature: \_\_\_\_\_ Date: \_\_\_\_\_