



FOR WNR OFFICE USE ONLY:
 Date Rec'd: ___/___/___
 WSP Date: ___/___/___ Processed by: _____
 Result: Clear See Additional Information
 Orientation Date: ___/___/___ Given by: _____

Volunteer Application

Name: _____ Date: _____
 Address: _____ Zip Code: _____
 Home Phone: _____ Work Phone: _____ Cell Phone: _____
 Email address: _____ What is the best way to reach you? _____

Are you over 18? Yes No
 If no, parent/guardian must sign giving permission for applicant to participate as a volunteer.

Are you currently a student? Yes No

Volunteer Interests

Which volunteer opportunities interest you? Check all that apply.

- Walk to School days
- Bike repair during open shop
- Assisting in Earn-A-Bike classes

Please circle the number that best describes your bicycle mechanics experience level.

| 1 | 2 | 3 | 4 | 5 |
|-------------------------------------|---|---|---|---|
| I have no bike mechanic experience. | | I know how to do basic bicycle maintenance. | | I have worked as a professional mechanic. |

What are some of the reasons you would like to volunteer with us?

How did you hear about Walk N Roll/ Bike PARTners? Please check options applicable to you.

- Local Bike Shop: _____
- WNR Event
- Friend: _____
- WNR or Intercity Transit Staff/Board Member: _____
- WNR website or Facebook page
- Other: _____

Volunteer Background Check

For you to volunteer the Walk N Roll program, we must conduct a Washington State Patrol (WSP) background check.

Do you permit Walk N Roll to conduct a WSP background check? Yes No

Full Name: _____ Alias/Maiden Name(s): _____
Date of Birth: _____ Sex: _____ Race: _____

Have you ever been convicted of a crime?

If so, please explain. Answering "Yes" will not necessarily prevent you from volunteering with Walk N Roll.

Yes, I have been convicted of a crime. No, I have not been convicted of a crime.

If "Yes," please explain: _____

Do you grant Walk N Roll permission to use your name and image in Walk N Roll publications and promotional materials (e.g. Walk N Roll website, newsletter, videos, social media, etc.)?

Yes, I grant permission No, I do not grant permission **OR**

I grant limited permission. Please specify uses of your name and/or image that you are comfortable with, and grant permission to Walk N Roll: _____

Volunteer Agreement

I will make my best effort to:

- ✓ Be reliable. Please be there as scheduled or call to cancel.
- ✓ Sign the volunteer log.
- ✓ Be a positive role model for others in the Walk N Roll space.
- ✓ Follow the shop rules and assist others in doing the same.
- ✓ Ask for help when I need it.
- ✓ Report any problems to staff.
- ✓ Conduct personal bike business (repairs, parts shopping, etc.) only at appropriate times and by special arrangement with staff.

The information about me in this application is true and complete. I agree that any misstatements or omissions as to material fact will constitute the grounds for unfavorable consideration or dismissal from volunteering with Walk N Roll.

I am aware that a criminal background check will be performed upon submittal of this volunteer application.

Signature _____ Date _____

Volunteer Emergency Information and Waiver

EMERGENCY CONTACT INFORMATION:

Emergency Contact Name: _____ Relationship: _____

Email: _____

Home/Work Telephone: _____

Cell: _____

WAIVER

I Acknowledge that I understand the nature of Walk N Roll sponsored Activities at and outside of Walk N Roll (“Activities”) and warrant that I am qualified, in good health, and in proper physical condition to participate in such Activities.

I Acknowledge that some Activities occur on public roads and other facilities on which the risks of travel are to be expected and that some activities occur in a bike shop in which the risks of a shop setting are to be expected. These “RISKS” include MINOR INJURIES, SERIOUS BODILY INJURIES, PERMANENT DISABILITY, PARALYSIS, and DEATH. These risks may be caused by my actions or inactions, as well as the actions or inactions of others participating in the Activities.

Volunteers generally qualify for worker’s compensation medical aid benefits through the State Department of Labor and Industries in the event they receive an injury while performing volunteer services for Intercity Transit.

I ACCEPT AND ASSUME ALL RISKS FOR LOSSES, COSTS, AND DAMAGES I INCUR as a result of my participation in any Activities including any and all economic or non-economic damages not known to me nor readily foreseeable at this time.

I RELEASE, COVENANT NOT TO SUE, and HOLD HARMLESS Intercity Transit, its administrators, directors, agents, officers, members, volunteers, and employees, other participants, or any sponsors (“Releasees”) for any and all liability related to Activities caused or alleged to be caused in whole or in part by the Releasees. I further agree that if, despite this release, I, or anyone on my behalf, make such claim against any of the Releasees, I will indemnify and hold harmless the Releasees from any and all costs they incur as the result of such claim including, but not limited to, attorney fees and costs.

In case of an emergency involving actual or possible illness or injury to myself, I hereby authorize and give permission to any physician, hospital, health care provider, or other medical personnel selected by the staff of Intercity Transit to provide prompt medical treatment and arrange necessary related transportation. I agree that once I am in the care of medical personnel or a medical facility, Intercity Transit shall have no further responsibility me and I agree to pay all costs associated with such medical care and transportation. I agree to allow Intercity Transit staff to dispense medications to me as I request.

As a volunteer, I will follow the direction of Intercity Staff during any volunteer activities, and acknowledge that I may be asked to leave if my actions jeopardize others, violate policy, or otherwise detract from any program operations and activities.

It is my responsibility to ride and behave safely at all times. Practice safe work habits and safe riding habits. Always wear a helmet when riding to, from or on Intercity Transit programs. **I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, AND AGREE TO IT.**

Volunteer Signature

Printed Name

Date

This form may be photocopied for Walk N Roll files and for staff responsible for volunteer programs and activi



**APPLICANT DISCLOSURE PURSUANT TO RCW 43.43.834
CHILD AND ADULT ABUSE INFORMATION ACT**

Check YES or NO for each listed item on **BOTH PAGES OF THIS FORM**. If the answer is YES to any item, explain in the area provided, indicating the **charge or finding**, the **date**, and the **court(s) involved**.

1. Have you ever been convicted of any crimes against children or other persons, as follows: aggravated murder; first or second degree murder; first or second degree kidnapping; first, second, or third degree assault; first, second, or third degree rape; first, second, or third degree rape of a child; first or second degree robbery; first degree arson; first degree burglary, first or second degree manslaughter; first or second degree extortion; indecent liberties; incest; vehicular homicide; first degree promoting prostitution; communication with a minor; unlawful imprisonment; simple assault; sexual exploitation of minors; first or second degree criminal mistreatment; child abuse or neglect as defined in RCW 26.44.020; first or second degree custodial interference; malicious harassment; first, second, or third degree child molestation; first or second degree sexual misconduct with a minor; patronizing a juvenile prostitute; child abandonment; promoting pornography; selling or distributing erotic material to a minor; custodial assault; violation of child abuse restraining order; child buying or selling; prostitution?

NO YES, as explained here: _____

2. Have you ever been convicted of crimes relating to the financial exploitation if the victim was a vulnerable adult, as follows: first, second, or third degree extortion; first, second, or third degree theft; first or second degree robbery; forgery?

NO YES, as explained here: _____

3. Have you ever been found in any dependency action under RCW 13.34.030(2)(b) to have sexually assaulted or exploited any minor or to have physically abused any minor?

NO YES, as explained here: _____

4. Have you ever been found in any domestic relations proceeding under Title 26 RCW to have sexually abused or exploited any minor or to have physically abused any minor?

NO YES, as explained here: _____

5. Have you ever been found in any disciplinary board final decision to have sexually or physically abused or exploited any minor or developmentally disabled person or to have abused or financially exploited any vulnerable adult?

NO YES, as explained here: _____

6. Have you ever been found in any protection proceeding under chapter 74.34 RCW, to have abused or financially exploited a vulnerable adult?

NO YES, as explained here: _____

Pursuant to RCW 9A.72.085, I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Print Name: _____

Signature: _____

Date: _____