



Lake Ballinger Center- a community non-profit

23000 Lakeview Drive, Mountlake Terrace, WA 98043

rentals@ballingercenter.org (425) 672-2407

www.ballingercenter.org

VOLUNTEER APPLICATION (please print clearly **AND COMPLETE BACK OF THIS PAGE**)

Name _____

Address _____ Phone _____

_____ Cell _____

E-Mail _____ Birthday Month: _____

Availability: (please circle all that apply)

Approximately how many hours per week? _____ Prefer: AM or PM or EITHER?

Days: Mon - Tues - Wed - Thurs - Fri - Weekend Events - Evening Rentals?

Months: Jan Feb Mar Apr May Jun July Aug Sep Oct Nov Dec or ALL/ANY

To match your skills and interests please tell us about yourself:

Volunteer Experience: _____

Work Experience: _____

Do you speak more than one language well? Yes / No (please list) _____

Any special health concerns: _____

Emergency Contact: Name: _____ Phone #: _____

Relationship to you: _____ Notes: _____

I release Lake Ballinger Center/MLT Seniors Group and all its agents from any and all liability for any accident, injury or damages of any kind to persons or property that might occur while volunteering or participating in activities at LBC.	I consent <input type="radio"/>	Disagree <input type="radio"/>
I understand LBC will conduct a criminal background check for adult applicants. (Please complete the form on page 2 of this application.)	<input type="radio"/>	<input type="radio"/>
I certify that I have answered truthfully and have not knowingly withheld any information relative to my application.	<input type="radio"/>	<input type="radio"/>
I understand that if accepted as a volunteer, my volunteer relationship at LBC will be of indefinite duration and either LBC or I will be free to terminate this volunteer relationship at any time.	<input type="radio"/>	<input type="radio"/>
I agree that all work I do at Lake Ballinger Center is on a volunteer basis, and I am not eligible to receive monetary compensation or reward.	<input type="radio"/>	<input type="radio"/>

Signature _____ Date _____

If under 18, parent/guardian signature: _____ Print Name: _____



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Washington State Patrol Background Check - complete all sections

Your report is available for your review, copy provided upon request.

First Name: _____ Middle: _____ Last: _____

DOB: _____

Please answer the following, print clearly:

* **Have you ever gone by another name?** YES / NO (If yes, list all: maiden/married, adopted, change, alias...)

* **Have you ever been convicted of a crime?** YES / NO (If yes, please explain using additional pages if needed:)

* **Have you ever had findings made against you in any civil adjudicative proceeding** as defined in RCW 43.43.830? YES / NO If yes, please explain using additional page if needed: _____

* **Have you had both a conviction and findings made against you** as defined in RCW 43.43.830?

YES / NO If yes, please explain using additional page if needed: _____

****This section for Lake Ballinger Center office use****

Date request submitted to WSP: _____

Volunteer eligible? YES or NO

Applicant provided copy of report? YES or NO

Notes:

Revised: 20 July 23