



Vashon Park District Volunteer Profile

Full Name (include M.I.) _____ Today's Date: _____

Date of Birth ____/____/____ (required for WSP background check)

Address _____

Home Phone: _____ Cell: _____

Program/Event Name: _____

Volunteer Activities: List the programs or activities for which you are volunteering: _____

Please estimate the hours you will volunteer for this activity/program:

weeks: _____ # hours/week: _____ Estimated total: _____

Qualifications: What qualifications or skills do you have that may be of interest to the District?

Health: Do you have any health concerns of which we should be aware? Yes ___ No ___
If yes, explain. _____

Are you currently involved in a WA State L&I Claim? _____ If yes, please provide your claim number & L&I Claim Manager's name: _____

Criminal Record: Have you ever been convicted of a criminal offense?

Yes ___ No ___ If yes, explain. _____

I understand that as a volunteer working with children and/or youth, I am subject to a thorough background check including a WA State Patrol check. I understand that any action inconsistent with the Vashon Park District's Ethics and Rules of Conduct, or failure to maintain a safe environment at all times may result in my removal as a volunteer with VPD.

Signature: _____ Date: _____

Name Printed Clearly: _____

The greatest virtues are those which are most useful to other persons. -Aristotle