



152 West Cedar Street
 Sequim WA 98382
 360.683.4139

VOLUNTEER APPLICATION

The City of Sequim operates a volunteer program that provides services organization-wide. The purpose of the program is to enable the City to take advantage of the extraordinary reserve of knowledge, talent, and skill possessed by volunteers within our community and to capitalize on these abilities to augment City services. The intent is also to provide a program which involves interested residents in local government while providing them the opportunity to perform work of value to the community.

The volunteer application is designed to give applicants an opportunity to share their background, experience, interests and skills, enabling the City to make the best possible volunteer placement.

I wish to be considered for appointment to the following board or commission:

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> Sequim in Bloom | <input type="checkbox"/> Board of Adjustment | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Civil Service Commission | <input type="checkbox"/> Citizen's Park Advisory Board | |
| <input type="checkbox"/> Planning Commission | <input type="checkbox"/> Sequim Marketing Action Committee | |

Name: _____

Address: _____

Home Phone: _____ Business Phone or cell number: _____

Email address: _____

Are you over the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, give date of birth: _____	Do you have, or can you obtain, a valid Washington State Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No	WA state driver's license or ID Card # and expiration date: _____
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What general skills/experience/education would you like to share in your volunteer work?

Criminal Convictions

Have you been convicted of a felony or released from prison within the last ten (10) years? Yes No
 Have you been convicted of a misdemeanor other than minor traffic offenses within the past three (3) years?
 Yes No If yes, please explain: _____

References (Do Not List Relatives)

Name	Address	Phone

In case of emergency, please contact:

Have you previously served on a City of Sequim board or commission? Yes No **(If so, please explain)**

If you are an applicant for the *Civil Service Commission*:

Are you a resident of the City of Sequim? Yes No **If so, how long?** _____

Are you a registered voter in Clallam County? Yes No

Are you a citizen of the United States? Yes No

Signature

Date