

TRS Volunteer

Thank you so much for signing up to volunteer with Spokane Parks and Recreation Therapeutic Recreation Services (TRS). Our program has such a great need for committed people like you from our community.

As a TRS volunteer, you will be assisting our staff facilitate classes and activities designed for people with developmental and/or physical disabilities to enjoy recreation and leisure experiences. We offer a large range of activities, from aerobics and sports programs to socialization classes such as Fine Dining and Friday Funs. Make sure you receive a current copy of our brochure so you can see what TRS is currently offering.

If you sign up to volunteer for a class or activity, we are counting on you to fulfill this commitment as it allows us to provide a quality experience for our customers. Of course, we understand there will be times you just can't make it. Please, let the office know if you are unable to attend any of the classes or activities you signed up for so we are able to get a replacement.

Through volunteering for TRS, you can make a positive difference in the lives of the population we serve. It is important to stay upbeat and leave your life stresses behind. Your attitude can set the tone for the entire activity.

In addition to the benefits you will be providing others, you most likely will grow from the volunteer experience. You will be amazed at the participants positive outlook and their ability to affect your life. Our participants are truly grateful for the opportunity to take part in our program. Volunteering for TRS will give you a sense of purpose and many times a new perspective on life.

Enjoy your experience! And thanks in advance for enhancing our program.

Alice Busch, CTRS
Therapeutic Recreation Services

Winter

Spring

CITY OF
SPOKANE
PARKS &
RECREATION

Summer

Fall

Registration as a volunteer worker:

The undersigned duly registers as a Volunteer Worker for the Parks and Recreation Department of the City of Spokane. The purpose of registering is to enroll the Volunteer for Medical Aid coverage ONLY under the State of Washington Industrial Insurance Act. It is understood that this coverage is to be in effect only when working and is independent on prompt reporting to the supervisor of any injury that occurs while in the course of work. The hours worked will be reported to the City of Spokane who will pay all the required premium to the State.

Check if you have volunteered for us before.

Date: _____

Name: _____
(Please Print)

Signature: _____

PHONE #: (Home) _____

(Work/ Other) _____

Address: _____

City/State: _____ **Zip Code:** _____

E-MAIL: _____

Program Interests:

DIRECTOR

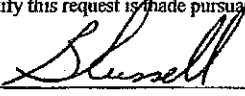
WASHINGTON STATE PATROL

Identification and Criminal History Section
PO Box 42633, Olympia WA 98504-2633



REQUEST FOR CRIMINAL HISTORY INFORMATION CHILD/ADULT ABUSE INFORMATION ACT RCW 43.43.830 THROUGH 43.43.845

(Instructions on Reverse Side)

<p>A REQUESTING AGENCY/ADDRESS</p> <p>CITY OF SPOKANE</p> <hr/> <p>Agency</p> <p>PARKS & RECREATION DEPARTMENT</p> <hr/> <p>Attn</p> <p>808 W SPOKANE FALLS BLVD</p> <hr/> <p>Address</p> <p>SPOKANE, WA 99201-3317</p> <hr/> <p>City/State/Zip</p> <p>I certify this request is made pursuant to and for the purpose indicated.</p> <p> _____</p> <p>Authorized Signature Date</p> <p>DIRECTOR, PARKS&REC (509) 625-6200</p> <p>Title Area Code/Phone Number</p>	<p>B PURPOSE</p> <p>Check appropriate box</p> <p><input type="checkbox"/> Educational School District (ESD)/School District Volunteer – no fee</p> <p><input checked="" type="checkbox"/> Non-Profit Business/Organization – no fee (Excluding Schools & ESD's)</p> <p><input type="checkbox"/> Profit Business/Organization - \$35</p> <p><input type="checkbox"/> Adoptive Parent - \$35</p> <p>Fees: Make payable to Washington State Patrol by check, money order, or business account.</p> <p>Notary letters certifying the results are available upon request. There is an additional \$5.00 processing fee per notary seal.</p> <p>_____ Notarized Letter(s)</p>
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C APPLICANT OF INQUIRY (Please provide as much information as possible; name and date of birth are mandatory.)

Applicant's Name: _____

Last First Middle

Alias/Maiden Name(s): _____

Date of Birth: _____ Sex: _____ Race: _____

Month/Day/Year

Social Security Number: _____ Driver's Lic. Number/State: _____ / _____

(optional)

Secondary dissemination of this criminal history record information response is prohibited unless in compliance with statute.

D WASHINGTON STATE PATROL IDENTIFICATION & CRIMINAL HISTORY SECTION

WSP Use Only

As of this date, the applicant named below has no record pursuant to RCW 43.43.830 through 43.43.845.

Requesting Agency _____

Applicant's Signature _____

Applicant's Name _____

Address _____

City/State/Zip _____

Applicant Right Thumb Print (Optional)

CHILD AND ADULT ABUSE INFORMATION DISCLOSURE FORM

The job for which you have applied may require unsupervised access to children under 16 years of age, to vulnerable adults or to developmentally disabled persons. The City will request from the Washington State Patrol information relative to any convictions you may have had of offenses against persons, adjudications of child abuse or disciplinary board final decisions.

“Crime against children or other persons” means a conviction of any of the following offenses: aggravated murder; first or second degree murder; first or second degree kidnapping; first, second, or third degree assault; first, second, or third degree assault of a child; 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; first or second degree custodial sexual misconduct; 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; felony indecent exposure; criminal abandonment; or any of these crimes as they may be renamed in the future.

“Crime relating to financial exploitation” means a conviction of any of the following offenses, if the victim was a vulnerable adult: first, second, or third degree extortion; first, second, or third degree theft; first or second degree robbery; forgery; or any of these crimes as they may be renamed in the future.

“Crime relating to drugs” means a conviction of a crime to manufacture, delivery, or possession with intent to manufacture or deliver a controlled substance.

We are also required to ask you the following questions:

1. Have you ever been convicted of any of the above-defined crimes? If so, which? _____
2. Have you ever been found, under RCW 13.34.020(2)(b), to have sexually assaulted, exploited or physically abused any minor? _____
3. Have you ever been found by a court, in a domestic relations proceeding, under Title 26 RCW, to have sexually abused, exploited or physically abused a minor? _____
4. Have you ever been found, in any disciplinary board final decision, to have sexually abused, exploited or physically abused a minor? _____

I SWEAR, UNDER THE PENALTY OF PERJURY, THAT THE ANSWERS GIVEN ON THIS DISCLOSURE FORM HAVE BEEN MADE BY ME AND ARE TRUE AND CORRECT.

Signature

Print Name

Date

Date of Birth

Driver's License number

You will be notified of our receipt of the State Patrol's response. This information shall be used only in making the initial employment decision and will not be further disseminated.

CUSTOMER SATISFACTION



Did you know...

UNDERPROMISE: OVER-DELIVER!



The first step to increasing your professionalism is mastering the basics in interpersonal skills...resulting in dramatic improvements in your customer service image. Human beings respond in amazingly positive ways when treated with simple courtesy and provided with accurate information. Here are the "Basics" you can begin to practice:

- ☺ Greet each and every customer warmly and with a smile.
- ☺ Speak loudly enough to be heard by the customer but not by others, so that each interaction is personal.
- ☺ Use the customer's name often during each interaction.
- ☺ Limit clothing and accessories to professional attire that reflects your business image.
- ☺ Answer every phone call with a pleasant and efficient greeting.
- ☺ Apologize if you have to keep a customer waiting.
- ☺ Take an interest in each customer by being helpful and giving full attention.
- ☺ Be especially pleasant when a customer has been waiting or seems upset.
- ☺ Know the necessary procedures.
- ☺ Be familiar with directions, details of programs and services, and other information that will be helpful.
- ☺ Maintain composure no matter what transpires.
- ☺ Speak well of your co-workers and managers, without being defensive, in working through problems.
- ☺ Provide speedy and accurate service.
- ☺ Thank the customer for coming or calling.