



**Notice to Volunteers**

Persons appointed as volunteers or commission, board, and committee members are not considered to be City of Longview employees. Injury compensation, however, is provided through the Department of Labor & Industries. Services as a volunteer, commission, board or committee member are considered to be creditable work experience.

The data furnished on this form is furnished voluntarily and will be used to contact, interview, and place volunteers and/or commission, board or committee members.

**Signature is Required**

To the best of my knowledge, the information herein is true and complete. I understand that falsification of this application is grounds for dismissal as a volunteer and/or commission, board, or committee member. Further, I give permission for an authorized representative of the City of Longview to conduct a state patrol criminal background check in accordance with RCW 43.43.830-839 and to inquire of individuals about my ability to perform all aspects of the volunteer and/or commission, board or committee position for which I am being considered; and I release the City of Longview and those individuals/institutions that provide information from any liability that may arise from the provision of this information.

As a volunteer or commission, board or committee member for the City of Longview, I am fully aware that the work associated with being a volunteer or commission, board or committee member involves certain risks of physical injury or death. Being fully informed as to these risks and in consideration of my being allowed to participate in these City programs, I hereby assume all risk of injury, damage, and harm to myself arising from such activities or use of City facilities. I also hereby individually and on behalf of my heirs, executors, and assignees, release and hold harmless the City of Longview, its officials, employees, and agents, and waive any right of recovery that I might have to bring a claim or a lawsuit against them for any personal injury, death, or other consequences occurring to me arising out of my volunteer or commission, board, or committee member activities.

I give permission to have my photo taken and used for publicity purposes by the City. I authorize any necessary emergency medical treatment that might be required for me in the event of physical injury and/or accident to me while participating in any of these programs/activities.

Signature	Date
If under 18, parent or guardian's signature	Date

Return completed and signed applications to:  
**City of Longview Executive Office**  
**PO Box 128**  
**Longview, WA 98632**

Questions can be directed to 442-5004, and additional information about specific City boards and commissions can be found online at [www.mylongview.com/boards/](http://www.mylongview.com/boards/).