



## VOLUNTEER INTEREST FORM

**Volunteers are essential to supporting the health of our organization, our lands, and our community. Get involved!**

Please fill out the below form and email it to our Education and Community Outreach Coordinator, Cy: [eco@cowichecanyon.org](mailto:eco@cowichecanyon.org)

First Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Other Contact: \_\_\_\_\_

**Are you able to provide your own transportation to and from CCC events?**

No       Yes

**Briefly explain why you're interested in volunteering for CCC?**

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**What Volunteer Team(s) are you interested in joining?**

- Trail Works Team – Build, restore, and maintain trails.
- Trail Talks / Education Team – Help with our educational field trip program.
- Trail Guide Team – Guide or co-guide family-friendly community walks.
- Trail Ambassador – Engage trail users in a friendly and informative way.
- Events Team – Facilitate fundraising and educational events.

*Have questions about any of the above, or other ideas about how you can help CCC programs or lands? We'd love to hear from you! Contact our Education and Community Outreach Coordinator: [eco@cowichecanyon.org](mailto:eco@cowichecanyon.org).*

**Volunteer Waiver**

I understand that this activity with Cowiche Canyon Conservancy (CCC) may involve difficult conditions, uneven terrain and unanticipated natural hazards. I undertake all activities at my own risk and agree, for myself and my heirs, to release CCC, their docents and/or volunteers from any liability for injury to myself or damage to my possessions which may occur in connection with these Conservancy-related service activities.

CCC may be photographing the project that may include images of you for use in newsletters, websites, or other publications. By signing, I hereby grant permission to CCC to use for media for promotion of CCC in the future.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Washington State Patrol Background Check Disclosure Form**

Cowiche Canyon Conservancy will conduct a Washington State Patrol Background Check for any potential staff, board members and volunteers placed in direct contact with children. Please answer the following questions honestly and completely and sign the declaration. Attach a separate sheet if additional space is needed.

- 1. Have you ever been convicted of a crime? You must include any and all past or current criminal convictions.  
 No             Yes

If yes, please identify the crime, provide the date of convictions, name of the court, and the sentence imposed.

\_\_\_\_\_  
\_\_\_\_\_

- 2. Have you ever had findings made against you for domestic violence, abuse, sexual abuse, neglect, exploitation of a child in any legal proceeding? These proceedings include judicial or administrative proceedings as well as findings by Department of Social and Health Services (DSHS) or the Department of Health that you have not challenged or appealed.  
 No             Yes

If yes, please identify the specific findings, which agency or court made the finding, the date and penalty imposed.

\_\_\_\_\_  
\_\_\_\_\_

3. Do you currently have any criminal charges pending against you? Are you presently under investigation for possible criminal charges?

No             Yes

If yes, please provide details to enable Cowiche Canyon Conservancy to evaluate, including the charge, date, jurisdiction and status.

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Disclosure statement:

I hereby authorize and consent to Cowiche Canyon Conservancy to perform a Washington State Patrol Request for Criminal History Information Child/Adult Abuse Information Act RCW 43.43.830 through 43.43.845 – WATCH Report. I understand the information will be kept confidential to the extent permitted by law. I release and hold harmless Cowiche Canyon Conservancy, its agent and employees from any and all liability in obtaining or providing such information about me. I agree that if CCC determines that I have provided false or incomplete information in response to the above questions, CCC may without notice or other process, reject my application to serve as a volunteer or revoke my privilege to serve as a volunteer.

Pursuant to RCW 9A.72.085, I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Date \_\_\_/\_\_\_/\_\_\_ Signature\_\_\_\_\_

Printed Name\_\_\_\_\_

Home Address\_\_\_\_\_  
\_\_\_\_\_

Birth date \_\_\_/\_\_\_/\_\_\_ Gender: Male  Female

*Cowiche Canyon Conservancy will notify applicant of the result of the Washington State Patrol check, and shall provide a copy to the applicant, within ten days of receiving the result.*

<b>Office Use Only</b>
Valid WA ID: _____
Date of WSP Check: _____
Date Applicant Notified: _____