



PARK BOARD MEMBER APPLICATION

(360) 755-0531 or bparks@burlingtonwa.gov

New Member Contact Information

Name _____ Date _____

Home Address _____ City/St/Zip _____

Mailing Address (if different) _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email Address _____

Length of Residence in Burlington (years/months) _____

New Member Background Information *(attach additional sheets if necessary)*

Please list your job title, duties, formal education, and/or prior experience that relates to the Park Board.

Please list your organizational affiliations that relates to the Park Board.

Specify your main area of interest(s) and why (feel free to select more than one):

Recreation Programming: _____

Parks Planning & Development: _____

Maintain/Develop Partnerships: _____

Grants and Sponsorships: _____

Describe why you are seeking appointment to the Burlington Parks Board.

References not Related to Applicant

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Any Other Relevant Information

Community Service Agreement

The undersigned volunteer understands the nature and content of their duties, and in consideration of being permitted to participate in the volunteer program, agrees as follows:

1. To waive and release any and all claims for injuries or damages against the City of Burlington, it’s officers, agents or employees which may arise out of, or in any way connected with the manner in which the duties are conducted; and,
2. To defend, indemnify, and hold harmless the City of Burlington, it’s officers, agents and employees, from any liability for damage or claims for damage for personal injury, including death, and property damage, which may arise out of in in any way be connected with the manner in which the duties of a park board member are carried out.

I authorize the City of Burlington, it’s agents at the time of my application for volunteer, or anytime during my service, to verify the information contained in this application as it relates to the volunteer position. I certify my statements in this application are true, complete and correct to the best of my knowledge and belief. I understand any falsification or omission of information may bar me from continued volunteerism.

Signature of participant or, if under 18 years signature of parent/guardian:

Signature: _____ Date _____

Email your New Member Application along with your Letter of Interest to bparks@burlingtonwa.gov

or drop off/mail your information to the address below:

**City of Burlington
ATTN: Mayor Steve Sexton
833 S. Spruce Street
Burlington WA 98233**

Please call (360) 755-0531 with any questions.