

**2026 Seattle PlayGarden Employee Application:
Applicant Information**

Date: _____ Name: _____

Date of birth: _____ Cell # _____

Address: _____ City: _____ State: _____ Zip: _____

Email address: _____

Emergency Contact (name/relation): _____ Phone: _____

Summer Employee Application

- 1. How did you hear about the PlayGarden?**
- 2. Why are you interested in working at the PlayGarden as a summer camp counselor?**
- 3. What skills do you have that you think would help you in this position?**
- 4. Have you volunteered/worked for a similar program before? If so, where.**
- 5. Do you have any hobbies or special interests that you would be willing to share with the PlayGarden? (i.e. a Second language, music, movement, sculpture, wood work, gardening...)**
- 6. Do you have any experience interacting with persons with disabilities? Yes or No. Please describe.**

7. Please rate on a scale of 1 to 5, 5 being the most experience/high level of skills. This will help me plan training and set up mentorship pairings between counselors.	Little exp/low skills-----Much exp/high skills				
Experience supporting young children (ages 3-8 years)	1	2	3	4	5
Experience supporting elementary age children (ages 4-12 years)	1	2	3	4	5
Experience supporting teens and young adults ages 13-21	1	2	3	4	5
Sign Language	1	2	3	4	5
Gardening	1	2	3	4	5
Organizational Skills	1	2	3	4	5
Working as part of a team	1	2	3	4	5
Communicating with Adults	1	2	3	4	5
Communicating with Children	1	2	3	4	5
Providing physical support to kids with disabilities	1	2	3	4	5
Providing communication support for kids with disabilities	1	2	3	4	5
Providing social support to kids (helping kids make friends, join in group activities etc.)	1	2	3	4	5
Providing emotional support to kids	1	2	3	4	5
Administering basic first aid (cleaning wounds, bandaging wounds, keeping kids calm, getting appropriate help etc.)	1	2	3	4	5
Conflict management with kids	1	2	3	4	5
Working outdoors no matter what weather	1	2	3	4	5
Giving and receiving feedback	1	2	3	4	5
Punctuality	1	2	3	4	5

8. How would you rate your skills working with children? Please rate on a scale of 1 to 5, 1 being least confident and 5 most confident.

	Least confident ----- Most conf.				
Creative & imaginative play	1	2	3	4	5
Nature-Play	1	2	3	4	5
Active Play	1	2	3	4	5
Problem-solving arguments between children	1	2	3	4	5
Redirecting children to a new activity	1	2	3	4	5
Other (describe)	1	2	3	4	5

Seattle PlayGarden 2026 Employee Media Consent Form

Name (print): _____ Phone: _____ Date _____

PHOTOGRAPHS: I give my permission for photographs to be taken of myself for program uses and informing the community about Seattle PlayGarden and its programs.

YES _____

NO _____

VIDEO: I give my permission for video to be taken of myself for program uses and to inform the community about Seattle PlayGarden and its programs.

YES _____

NO _____

WEB SITE: I give permission to Seattle PlayGarden to use media of myself on the Seattle PlayGarden Website: www.seattleplaygarden.org

YES _____

NO _____

SOCIAL MEDIA : I give permission to Seattle PlayGarden to use the media of myself on the Seattle PlayGarden social media channels such as Facebook and Instagram. No identifiable information will be shared unless we consult with you first.

YES _____

NO _____

EMPLOYEE'S SIGNATURE

DATE

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STATEMENT OF CONFIDENTIALITY

I understand that at the SeattlePlayGarden, there is certain information that is available to me but is considered confidential. It is to be used only for facilitating the goals and objectives of each child, according to the direction of the instructor or therapist. In consideration of the right to privacy of the children and their families, I understand the need to use appropriate discretion in written comments and in related conversations with volunteers, staff, family, or the general public. Any breach of this confidentiality will prove the reason for my dismissal. I have read and understand the above statement of confidentiality and agree to abide by these terms and conditions.

EMPLOYEE'S SIGNATURE

DATE

BACKGROUND CHECK

The undersigned applicant acknowledges that Washington law requires employees and volunteers who have regularly scheduled unsupervised access to children under the age of 16 years, developmentally disabled persons, or vulnerable adults, to provide the following statement and the subject to background checks concerning adjudication of certain civil and criminal matters identified in RCW 43.43.8340 - Background Checks - Access to Children or Vulnerable Persons - Definitions. I acknowledge that Seattle PlayGarden may conduct an inquiry of me as permitted by statute.

Also, as required by statute, I am disclosing the extent to which there has been a civil adjudication or criminal conviction regarding the following matters:

Please provide as much information as possible (name and date of birth are mandatory). Print clearly.

Applicant's Name (Last)_____ (first)_____ (middle)_____

DL Number: ____ Date of Birth: ____ (m/d/y) Gender: _____ Ethnicity: _____

Alias/Maiden Name(s): _____

1. Convicted of any crime against children or other persons: ____ No ____ Yes

Explanation: _____

2. Convicted of crimes relating to financial exploitation of a vulnerable adult: ____ No ____ Yes

Explanation: _____

3. Found to have sexually assaulted, exploited or physically abused a minor in a dependency action under RCW 13.34.040: ____ No ____ Yes

Explanation: _____

4. Found to have sexually assaulted, exploited or physically abused a minor in a domestic relations proceedings, Title 26 RCW: ____ No ____ Yes

Explanation: _____

5. Found in any disciplinary board final decision to have sexually abused or exploited any minor or developmentally disabled person or to have abused or financially exploited any vulnerable adult:

_ No ____ Yes Explanation: _____

6. Found in a court in a protection proceeding under Chapter 74.34 RCW to have abused or financially exploited a vulnerable adult: ____ No ____ Yes

Explanation: _____

I UNDERSTAND SEATTLE PLAYGARDEN MAY INSTITUTE A WASHINGTON STATE PHYSICAL AND CRIMINAL BACKGROUND CHECK AND RESERVES THE RIGHT TO TERMINATE MY EMPLOYMENT.

EMPLOYEE'S SIGNATURE

DATE

