



Volunteer Application

Application must be completed in full, in order to be considered
for a volunteer position

GENERAL INFORMATION

Name (First and Last)

Address

City

State

Zip Code

Home Telephone #

Email Address

Birth date (month/day/year)

Emergency Contact & Telephone #

Do you know anyone who currently or has ever worked for CHS? _____

The following information is used for statistical purposes only:

Disability

Ethnicity

Gender

EDUCATION

Highest Education Level

School Attended

Dates Attended

Degree/Diploma

EMPLOYMENT

Present Employer, if Applicable

Dates Employed

Return Application to:

Volunteer Coordinator
17018 15th Ave NE
Seattle, WA 98155

Phone:
Email:

Volunteer Information:

Have you volunteered in the past?

Yes

No

If yes, please list below:

	<u>Name of Organization</u>	<u>Supervisor</u>	<u>Telephone #</u>
1.			
2.			
3.			

May we contact these supervisors for reference information?

Yes

No

References: (Please list three)

	<u>Name</u>	<u>Relationship to Applicant</u>	<u>Telephone #</u>
1.			
2.			
3.			

Why are you interested in volunteering with Center for Human Services?

What type of volunteer positions most interest you?

What training or formal education have you had that might help you volunteer with us?

Date available to begin volunteering:

Hours and days available

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					
Evening					

How long would you like your initial commitment to be?

Six months One year Other: _____

Acceptance into the volunteer program is based on numerous considerations including the availability of opportunities and is not guaranteed.

3. **Have you ever been found by a court in a domestic relations proceeding under Title 26 RCW (or under any other jurisdiction outside of Washington State) to have sexually abused or exploited any minor or developmentally disabled person or to have physically abused any minor or developmental disabled person?**

_____ Yes _____ No

If yes, list as follows:

Type of Proceeding	Date of Disposition	County or State	Disposition	Court
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A. _____

B. _____

4. **Have you ever been found in any disciplinary board final decision to have sexually abused or exploited any minor or developmentally disabled person or to have physically abused a minor or developmentally disabled person?**

_____ Yes _____ No

If yes, list as follows:

Name of Disciplinary Board	Type of Proceeding	Date of Final Disposition	Final Disposition
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A. _____

B. _____

5. **Have you ever been disciplined or sanctioned for any reason by a professional disciplinary board?**

_____ Yes _____ No

If yes, list as follows:

Name of Disciplinary Board	Type of Proceeding	Date of Final Disposition	Final Disposition
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A. _____

B. _____

Pursuant to RCW 9A 72.085, I declare under penalty of perjury that the answers I gave to the foregoing four questions are true and correct to the best of my knowledge.

Date

Signature of Applicant

Applicant Name (Print)

VOLUNTEER INTEREST FORM

Volunteering at the Center for Human Services
=====

For information, please contact, Volunteer Coordinator (206) 362-7282

Name _____ Occupation _____

Street Address/Zip _____

Phone _____ Day _____ Evening _____

Hobbies/Interests _____

Days/Times Available _____

I am willing to share my expertise and time with the Center for Human Services in the following ways: (Circle as many as apply)

- | | | | |
|------------------------------------|-------------------|--------------------------------|---------------------|
| Fundraising | Childcare | Newsletter | Donations |
| ELL tutoring | Facilitating | Cleaning | Resources |
| Receptionist | Clothing Exchange | Parenting programs | Public Relations |
| Support group | Family night | Office support | Computer tutoring |
| Writing | Graphic design | Reading/Storytelling | Bulk Mailing |
| Art | Cooking | Plants | Work Parties |
| Dancing | Field Trips | Drama | Speakers bureau |
| Appliance Repair | Copying/printing | Supplies | Painting |
| Knitting/crocheting | Flyer Posting | Foreign Language | Pottery |
| Outreach | Carpentry | Sign Language | Photography |
| First Aid/CPR | Dental services | Medical services | Decorating |
| Crafts | Legal services | Citizenship | Auction Procurement |
| Catering | Other _____ | | |
| Computer set up & trouble shooting | | | |
| Tutoring – Elementary School Youth | | Tutoring – Middle School Youth | |
| Tutoring – High School Youth | | Web Site | |

Please return this sheet to: Center for Human Services
17018 – 15th Avenue NE
Shoreline, WA. 98155

