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## Volunteer Application

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Date \_\_\_\_\_

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_  
Other Names you have used \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY/STATE/ZIP \_\_\_\_\_  
HOME PHONE \_\_\_\_\_ FAX \_\_\_\_\_  
E-MAIL \_\_\_\_\_ BIRTHDAY (Year Optional) \_\_\_\_\_

Check appropriate blank(s):  Employed  Unemployed  Student  Retired  
Employer/School \_\_\_\_\_ Phone \_\_\_\_\_  
Title/Position \_\_\_\_\_ May we contact if necessary?  Yes  No  
Have you been convicted of a crime within the last seven years?  Yes  No  
If yes, please explain: \_\_\_\_\_

### **Emergency information**

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Do you have any health or physical limitations that could affect your volunteer assignment?  Yes  No.  
If yes, please explain: \_\_\_\_\_

### **How did you first learn about our Volunteer Program?**

Visiting our website?  Yes  No Friend/ Family Member?  Yes  No Community Event?  Yes  No  
which one? \_\_\_\_\_  
High School, College, Employer, Church/Synagogue, Community Organization, Internet Site (Indicate which  
one): Name \_\_\_\_\_ Phone \_\_\_\_\_  
Previous or current volunteer experience \_\_\_\_\_

What do you want to get out of your volunteer experience?  
\_\_\_\_\_

Education background, hobbies, or special interests \_\_\_\_\_

What is your experience dealing and working with the disabled? \_\_\_\_\_

### **CERTIFICATION and AUTHORIZATION (Please read thoughtfully.)**

I certify that the information provided in the Volunteer Application is true, correct and complete. I authorize verification of all statements contained in this Application. I authorize former employers and/or educational institutions to provide information concerning me, and I release them from liability for providing any such information to Center Pointe.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Return to: Center Pointe, 1408 North Washington, Spokane, Washington 99201.  
509.325.5451 (Phone) 509.344.1083 (Fax)

Or Return a copy of this filled out form to: [centerpointe@qwestoffice.net](mailto:centerpointe@qwestoffice.net) Attn: Richard Cunningham



**COMPLETE THIS FORM AND RETURN IT WITH YOUR APPLICATION**

**Volunteer Services Applicant Survey**

In which area(s) would you be interested in volunteering?  No Preference  
 working one on one with a participant  working as a class instructor  
 working with a staff person as an assistant  Public speaking, fundraising, etc.  
 working in the office performing clerical tasks  Community Events

**II. Special Skills**  
 Computer  Public Speaking  Languages  Fundraising  Recycling/Composting

Please Explain: \_\_\_\_\_

Newsletter Production  Education  Plant/ Animal Care  Green Construction

Please Explain: \_\_\_\_\_

Photography  Guest Relations  Event Coordination

Please Explain: \_\_\_\_\_

Addressing/ Mailings  Fundraising  Other: \_\_\_\_\_

**III.** Please indicate names, phone numbers and relationship of any Center Pointe volunteers or employees with whom you are acquainted, or check blank.  none

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Are there any handicaps or disabilities with which you would feel uncomfortable?  Yes  No

If yes please explain: \_\_\_\_\_

**IV. Day/ Time Availability**

I am interested in working \_\_\_\_\_ hours per week.

Days Available	Start Time	End Time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Exceptions to availability (List dates and times only):

\_\_\_\_\_

Mode of transportation to and from Center Pointe:  Bus  Auto  STA Van  Taxi

Do you have access to an automobile you can use for volunteer work?  Yes  No  Sometimes.

Name of Applicant (Print): \_\_\_\_\_

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

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