



2500 Main Street, Suite 120 Vancouver, WA 98661
Main Line: 360-993-5301 Fax: 360-993-5304

Volunteer Application

All information in this document is confidential. Please print.

Name/Last _____ First _____ Middle _____
(Use legal name)

Address _____ Apt. # _____

City _____ State _____ Zip _____

Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____

Male / Female _____ Date of Birth _____ Physical Limitations _____
(Circle One) (Month/Day/Year) (Be specific; if none, write none)

Email address _____

VOLUNTEER EXPERIENCE

Interests, Skills, Hobbies _____

Clubs, Organizations, Boards _____

Education (highest level) _____ Name of School _____

Have you volunteered before? Yes No Position _____

Describe the work _____

Agency _____ Address _____

Phone (____) _____ May we contact the Agency? Yes No

Your availability:

Hours per week/month _____ Preferred Days _____ Geographic Preference _____
(specify)

REFERENCES (Personal or professional; not a relative)

Name _____ Relationship _____ Phone (____) _____

Address _____

Name _____ Relationship _____ Phone (____) _____

Address _____

Name _____ Relationship _____ Phone (____) _____

Address _____

(continued on back)

IN CASE OF EMERGENCY, PLEASE NOTIFY

1) Name _____ Relationship _____ Day Phone (____) _____

1) Name _____ Relationship _____ Day Phone (____) _____

DRIVING INFORMATION

If you are volunteering for a position that requires driving, Second Step Housing requires a valid driver's license and proof of automobile insurance. Are you able to use your automobile if the volunteer position requires one?

Yes _____ No _____

As a volunteer, I agree to provide a valid driver's license number and proof of automobile insurance. I agree to mail or deliver copies of these documents to Second Step Housing, so that they can be filed with this application. I will immediately notify my volunteer supervisor if my driver's license is restricted, suspended, revoked, or expired.

Insurance Carrier _____ Policy # _____

Driver's License # _____ State of Issue _____ Expiration Date _____

Signature of Applicant _____ Date _____

My signature below certifies that all statements made on this application are true, complete and correct to the best of my knowledge and belief. I understand these statements are subject to verification. I understand that falsification on this application can disqualify me from consideration or result in my volunteer services being denied. Furthermore, my signature below provides my authorization to Second Step Housing to conduct driver license and motor vehicle record checks as needed, as well as reference checks to determine my suitability for placement.

I hereby release all parties from any liability for furnishing this information.

Signature of Applicant _____ Date _____

PARENTAL CONSENT (to be completed if applicant is under 18 years of age)

I give my consent for my child, named on page one of this application, to provide volunteer services to Second Step Housing I also give Second Step Housing my consent to obtain any emergency medical treatment necessary for the safety of my child.

Signature of Parent/Guardian _____ Date _____

Printed name of Parent/Guardian _____

Second Step Housing acknowledges that equal opportunity for all persons is a fundamental human value. Each volunteer applicant will be considered on the basis of individual ability and merit, without regard to race, color, age, religion, national origin, disability, sexual orientation, sex, or marital status.