



Volunteer Application

Name: _____

Email: _____

To be completed by all persons, who are not OIC employees, who wish to perform services in an OIC facility, including unpaid volunteers, community jobs/work experience persons, community service persons and persons performing court ordered service). People with disabilities who need assistance completing this application should notify HR.

Interests Volunteer tasks in which you are interested in performing (Please check selection)

- No preference
- Youth Programs
- Clerical (Receptionist, office work, etc.)
- Fundraising
- Janitorial
- Gardening
- Kitchen
- Food Bank
- Event: _____
- Other: _____

Location: HBCC Food Bank (Hathaway)
Any

Other: _____ Please circle your preference

Availability Days and hours that you are available for volunteer assignments:

- a.m. to p.m. Weekday mornings M T W Th F
- p.m. to p.m. Weekday afternoons M T W Th F
- p.m. to p.m. Weekday evenings M T W Th F
- a.m. to p.m. Weekend mornings Sat Sun
- p.m. to p.m. Weekend afternoons Sat Sun
- p.m. to p.m. Weekend evenings Sat Sun

Total number of hours you wish to volunteer

Unlimited _____ Hours

Reason you wish to volunteer (check selection)

- Desire to help others
- Court Order
- Work Experience
- Family members involved in activities
- Probation Officer Referral
- Other: _____

How were you referred?

List two references (No family members, please)

Name _____

Phone _____

Name _____

Phone _____

Special Skills or Qualifications Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports

Have you ever been convicted of a crime? Yes No

Have you ever had findings made against you in any civil adjudicative proceeding? Yes No

Have you ever had both a conviction and findings made against you? Yes No

If you answered YES to any of the above please give an explanation here

Please list any criminal charges, convictions or pending legal actions, along with dates of offenses. Also state if you have been subjected to any administrative action:

Background Check ID Information Please provide a copy of a valid WA State Driver's License or School ID

Name
First, Middle (required) Last _____
Other names you have used _____
Date of Birth _____
City, State, Zip Code _____
Home or Cell Phone _____

Previous Volunteer Experience Summarize your previous volunteer experience

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Are you interested in long-term employment? Yes No

Person to Notify in Case of Emergency

Name			
Address			
Home Phone/ Cell Phone		Work Phone	
E-Mail Address			

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, sex, color, religion, national origin, gender identification, sexual orientation, age, veteran status, pregnancy, current or future military status, physical or mental disability, marital or familial status or any other status protected by law.

Thank you for completing this application form and for your interest in volunteering with us.

EEO Statement

OIC provides equal employment opportunities (EEO) to all employees and applicants for employment without regard to race, color, religion, sex, national origin, age, disability or genetics. In addition to federal law requirements, OIC complies with applicable state and local laws governing nondiscrimination in employment in every location in which OIC has facilities. This policy applies to all terms and conditions of employment, including recruiting, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation, and training. OIC is an EEO and provider of employment and training services. Auxiliary aids /services are available upon request to individuals with disabilities. **For TTY relay call 1-800-833-6388**

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Parent's or Guardian's Approval and Signature (Required when the volunteer is less than 18 years old)

As the parent or guardian of the minor volunteering for service with OIC of Washington, I approve this service and give the Agency permission to conduct a Washington State Criminal Background Check for this person. **I also attest I have received a copy of the WSP WATCH Pamphlet advising me of my rights.**

Name (Printed)	
Signature	
Date	