



COMMUNITY VOLUNTEER APPLICATION

I have included the following:

WA State Criminal Background Check Form

Identification:

Last Name	First Name	Middle Initial	Today's Date
Address			Date of Birth
City	State	Zip Code	Home Phone
Email address			Cell Phone

Education:

High School	Year Completed
College	Year Completed
Major area of study/degree	

Past Work/Volunteer Experience:

Employer	End Date	Position
Phone	Supervisor's Name	
Employer	End Date	Position
Phone	Supervisor's Name	

References: (Please do not include relatives)

Name	Phone	Relation
Name	Phone	Relation

Area of Interest:

Information Desk Gift Garden Gift Shop Auxiliary Events (please contact our Foundation @ 509-332-2044)

Additional skills, talent and/or training are required for the following volunteer opportunities:

Patient Support Prescription Pets Chaplain Team Music Volunteer Other _____

Please state why you wish to volunteer and what you hope to gain from this experience?

Acknowledgement:

I certify the information set forth in this application is true and complete to the best of my knowledge. I understand that, if selected for a volunteer position, falsified statements on this application or failure to furnish all requested information shall be considered sufficient cause for my dismissal from the volunteer program.

Signature

Date

Please plan to bring your medical vaccination records with you to volunteer orientation. We are looking specifically for: Proof of two MMR (measles, mumps, and rubella) vaccinations. You will receive orders for a TB test at orientation as well. This will be at no cost to you.

Contact the Volunteer Coordinator at 509-336-7391