

## Volunteer Application

### Note to the Applicant:

It is the policy of the Department of Children, Youth, and Families to support a wide range of volunteer services. Involvement of carefully selected individuals as volunteers enhances both the quality and quantity of services we can offer. Your willingness to be a part of our volunteer activities is appreciated.

In order to ensure the safety of clients, staff, and members of the community, we may need to check Department of Licensing and Washington State Patrol Records.

NAME (LAST, FIRST, AND MIDDLE INITIAL)			
MAILING ADDRESS (INCLUDE APARTMENT NUMBER, IF ANY)		CITY	STATE ZIP CODE
DAY PHONE NUMBER (INCLUDE AREA CODE)		MESSAGE PHONE NUMBER IF DIFFERENT (INCLUDE AREA CODE)	
EMAIL ADDRESS (OPTIONAL)			
<b>Employment (if applicable)</b>			
EMPLOYER		PHONE NUMBER (INCLUDE AREA CODE)	
EMPLOYER'S ADDRESS STREET		CITY	STATE ZIP CODE
POSITION		SUPERVISOR	
<b>Education, License, Registration, or Certification (required if applicable to volunteer position)</b>			
EDUCATION			
LICENSE			
REGISTRATION			
CERTIFICATION			
LANGUAGES			
<b>Volunteer Interests or Positions</b>			
LIST SKILLS, INTERESTS, AND HOBBIES			
WHY ARE YOU INTERESTED IN VOLUNTEERING? LIST YOUR GOALS AND OBJECTIVES.			

WHAT TYPES OF VOLUNTEER ROLES MOST INTEREST YOU?

PREFERRED DAYS AND HOURS FOR VOLUNTEER SERVICE

### Personal or Professional References (required)

PERSONAL AND/OR PROFESSIONAL REFERENCES: NAME	RELATIONSHIP	TELEPHONE NUMBER (AND AREA CODE) (      )
---	--------------	--

EMPLOYER ADDRESS	STREET	CITY	STATE	ZIP CODE
------------------	--------	------	-------	----------

PERSONAL AND/OR PROFESSIONAL REFERENCES: NAME	RELATIONSHIP	TELEPHONE NUMBER (AND AREA CODE) (      )
---	--------------	--

EMPLOYER ADDRESS	STREET	CITY	STATE	ZIP CODE
------------------	--------	------	-------	----------

PERSONAL AND/OR PROFESSIONAL REFERENCES: NAME	RELATIONSHIP	TELEPHONE NUMBER (AND AREA CODE) (      )
---	--------------	--

EMPLOYER ADDRESS	STREET	CITY	STATE	ZIP CODE
------------------	--------	------	-------	----------

### Background

Have you been convicted of a misdemeanor or felony in the past 10 years?    Yes      No

Please note answering "yes" will not automatically exclude you from volunteering with DCYF; however, some positions may require successful completion of a Background Check.

### Previous Volunteer Experience

<b>Date and Signature</b>	
<b>All answers and statements on this application and any other materials I have submitted to apply for a volunteer position are true and complete to the best of my knowledge. I understand that the State may verify this information. Untruthful or misleading answers are cause for rejection of this application or dismissal if registered as a volunteer.</b>	
SIGNATURE	DATE