

 **Volunteer Application**

Thank you for your interest in volunteering and for taking the time to complete this application. Please answer every applicable question and email it back to eleanor@tidesofchangenw.org or print it out and bring it with you to the pre-training interview.

Thank you.

|  |
| --- |
| Volunteer Contact Information |
| Full Name: |       |  Today’s Date: |       |
| Address: |       |       |  |  |
|  | Street Address | Apartment/Unit # |
|  |       |       |       |  Birth date: |       |
|  | City | State | ZIP Code |
| Primary Contact: |       | Secondary Contact: |       |
|

|  |  |  |
| --- | --- | --- |
|  | [ ] Email [ ]  Cell Phone [ ]  Home Phone  | [ ]  Email [ ]  Cell Phone [ ]  Home Phone  |
|  | Emergency Contact Name: |       |  Phone: | (       )       |

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|  |
| Direct Services Volunteer Background |
| The following information is needed for our background check for volunteers working in Direct Services. We will check references and also run a police history for all Direct Service volunteers. Having a conviction may not automatically disqualify a person from volunteering at Tides of Change. If you have any concerns, please discuss them with the volunteer coordinator. |
| Please give two personal references (other than family or people with whom you live): |
| Name | Phone | Relationship to Applicant | Years Known |
|       |  |       |       |
|       |  |       |       |
|  |
| Availability |
| [ ]  I drive. | [ ]  I have an available car. |  |
|  |  |
| I am interested in volunteering in the following areas: |
| [ ]  Front Desk\*  | [ ]  Helpline\* | [ ]  Childcare\* | [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| [ ]  Mailings | [ ]  Fundraising/events | [ ]  Community Education\* |
| [ ]  Maintenance\* | [ ]  Advocacy\* | [ ]  Translation of Documents |
| Below, please mark your volunteer availability: |
|  | Mon | Tues | Wed | Thur | Fri | Sat | Sun |
| Morning |       |       |       |       |       |       |       |
| Afternoon |       |       |       |       |       |       |       |
| Evenings |       |       |       |       |       |       |       |
| On Call |       |       |       |       |       |       |       |
| Other |       |