

**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](mailto:eleanor@tidesofchangenw.org) or print it out and bring it with you to the pre-training interview.

Thank you.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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: | | (       ) | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | |  | | | | | | | | | | | | | | | | | | | | | | |