

VOLUNTEER APPLICATION

Title _____ Name _____ Birthdate: _____
(Mr/Ms/Mrs) (First) (MI) (Last)

(Street) (City) (Zip Code)

(Primary Phone) (cell/home/work) (Secondary Phone) (cell/home/work)

E-mail address: _____

Employer: _____ May we call you at work? ☐ Yes ☐ No

Days and Hours at work: _____

Spouse Name: _____ Spouse Employer: _____

Children's names and ages: _____

Congregation/Faith Affiliation (if any): _____

How did you hear about us? _____

Services I would like to provide for clients:

- | | |
|--|---|
| <input type="checkbox"/> Housekeeping | <input type="checkbox"/> Yard Work |
| <input type="checkbox"/> Handyman tasks | <input type="checkbox"/> Friendly Visiting |
| <input type="checkbox"/> Computer Assistance | <input type="checkbox"/> Working with the Blind and Partially Sighted |
| <input type="checkbox"/> Rides to/from medical appointments | |
| <input type="checkbox"/> Assistance with grocery shopping and/or other errands | |

Services I would like to provide for the Eastside Friends of Seniors Program

- | | |
|--|--|
| <input type="checkbox"/> Help with fundraising | <input type="checkbox"/> Help with newsletter |
| <input type="checkbox"/> Work on mailing projects | <input type="checkbox"/> Sending notices to volunteers/clients |
| <input type="checkbox"/> Marketing/Publicity | <input type="checkbox"/> Public Speaking |
| <input type="checkbox"/> Computer Assistance | <input type="checkbox"/> Serve on the Board of Directors or Committee(s) |
| <input type="checkbox"/> Social Networking on-line | <input type="checkbox"/> Website |
| <input type="checkbox"/> Filing and office work | <input type="checkbox"/> Auction |

How often would you like to volunteer:

☐ once/week ☐ more than once a week ☐ bi-weekly ☐ monthly ☐ Other_____

How many hours would you like to volunteer:

_____ hrs./week _____ hrs./bi-weekly _____ hrs./month

I would like to work: ☐ Individually ☐ As part of a team

☐ With my family Names:_____

Length of assignment:

☐ **long-term** assignment (on-going, no specific end date)

☐ **short-term** assignment (with likely end date)

☐ **as needed**

I am available to volunteer as marked below with an "x":

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

INFORMATION HELPFUL FOR MATCHING:

Educational background: _____

Work background (current or previous)_____

Hobbies/Interests: _____

Foreign Language(s) spoken: _____

Physical condition that limits activities: _____

ASSIGNMENT PREFERENCES:

Concerns if matched with a smoker? ☐ No ☐ Yes

Concerns if a pet in the home? ☐ No ☐ Yes

Concerns with the gender of the client? ☐ No ☐ Yes _____

(Explain)

FOR ALL THOSE WILLING TO PROVIDE TRANSPORTATION:

I am willing to drive to: ☐ Issaquah/Sammamish ☐ Bellevue ☐ Seattle ☐ Redmond ☐ Other

I Will be driving: ☐ Sedan 2-door ☐ Sedan 4-door ☐ Mini Van/SUV ☐ Pickup

I Could lift: ☐ Lightweight wheelchair (32 lbs.) ☐ Standard wheelchair (46 lbs.) ☐ Neither

Emergency contact: _____
(Name) (Relationship to you) (Phone)

PERSONAL REFERENCES: Please provide two (2) personal references that are not family members and do not live in the same household as you.

1) **Name** _____ Relationship to you _____

(Street) (City) (State) (Zip Code)
e-mail: _____
(If you would prefer communication to be paperless)

2) **Name** _____ Relationship to you _____

(Street) (City) (State) (Zip Code)
e-mail: _____
(If you would prefer communication to be paperless)

If you have ever been convicted for violation of any laws (traffic or otherwise), please explain on a separate sheet of paper and attach it to this application.

I understand that misrepresentation, or omission of facts on this application is cause for being denied a volunteer position with Eastside Friends of Seniors.

(Applicant Signature) (Date)

(Signature of parent / legal guardian if minor) (Date)

I give Eastside Friends of Seniors permission to use my name, congregational affiliation, likeness, image, voice, and/or appearance as such may be embodied in any pictures, photos, video or audio recordings, and the like, taken or made on behalf of Eastside Friends of Seniors activities. I agree that Eastside Friends of Seniors has complete ownership of such pictures, etc., including the entire copyright, and may use them for any purpose consistent with Eastside Friends of Seniors's mission. These uses include, but are not limited to illustrations, bulletins, exhibitions, videotapes, reprints, reproductions, publications, advertisements, and any promotional or educational materials in any medium now known or later developed, including the Internet. I acknowledge that I will not receive any compensation, etc for the use of such pictures, etc., and hereby release Eastside Friends of Seniors and its agents and assigns from any and all claims which arise out of or are in any way connected with such use

☐ **YES, I agree with the above**

☐ **NO, I do not agree with the above**

(Signature)