



Return completed applications to:  
Share  
Attn: Director of Volunteers  
P.O. Box 1209  
Vancouver, WA 98666

## Volunteer Application

### Personal Data

Name (First, Middle & Last): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_ Cell: (    ) \_\_\_\_\_

Work: (    ) \_\_\_\_\_ Fax: (    ) \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact: Name: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Relationship: \_\_\_\_\_ Work: (    ) \_\_\_\_\_

Have you received assistance from any of Share's programs within the past year?  Yes  No

### Skills and Interests

Occupation: \_\_\_\_\_ Employer \_\_\_\_\_

What is your primary reason for Volunteering? \_\_\_\_\_

\_\_\_\_\_

Special Skills, Hobbies or interests: \_\_\_\_\_

\_\_\_\_\_

### Availability For Volunteer Service

Are you a Student needing to complete community service hours for school or other programs?  Yes  No

If 'yes,' how many hours do you need to complete? \_\_\_\_\_ By what date? \_\_\_\_\_

When are you available to volunteer? (Please check all that apply)

Mon.     Tues.     Wed.     Thu.     Fri.     Sat.     Sun

Morning     Afternoons     Evenings     As Needed

Preferred Locations to Volunteer:

No preference     Share House  
(Downtown)     Share Orchards Inn  
(Orchards)     Share Homestead  
(Hazel Dell)

Do you have any physical or medical conditions that would affect your ability to perform your duty as a volunteer or that the volunteer office should be aware of?

Yes     No    If 'yes,' please explain: \_\_\_\_\_

## Volunteer Position Preferences

Are there any particular services for which you would prefer to volunteer? (Select as many as you prefer. All positions may not be available at the time you apply.)

### Direct Service

- Meal Preparation (help prepare and serve meals)
- Children's activities (plan and provide games or craft activities, read stories, assist with homework, have a movies night, bake cookies, or other child oriented activities) at Share Orchards Inn or Share Homestead Shelters.)
- Childcare (provide child care during mandatory meetings for the parents)
- Share Outreach (assist clients in accessing basic living services including showers, clothing and laundry)

### Program Support

- Office/ Clerical Support (answer phones, greet visitors, correspondence, data entry, copying, and filing, etc.)
- Bulk Mailing Assistance (fold, stuff, and label newsletters, or other mailings, usually quarterly)
- Donation Room (sort and organize donations of clothing and personal hygiene products)
- Donation drivers (Pick up and deliver donations among the donators and the shelters)
- Building/facility maintenance (assist with maintenance or repairs)

### Committees and Special Events

- I am interested in serving on the Board of Directors
- Fund Development Committee (fund Raising events)
- Public relations Committee (publicity and media development)
- Short Term Special Events (Christmas party. Benefit auction, etc)
- Donation Drives (prepare/organize donations of clothing and/or other items in your schools, neighborhood, church, etc.)

### Special Skills

- Legal Advocate (help clients with legal advice in areas of landlord/tenant relations, family law, criminal law, etc.)
- Medical Aid (physicians or nurses)
- Group facilitator (facilitate weekly group meetings in living skills, such as parenting, self esteem, nutrition, substance abuse, budgeting, job readiness and employment searches, etc.
- Translator (Help with clients who speak a language other than English by translating for them or translate documents);  
If 'yes,' Language: \_\_\_\_\_
- Other (please specify)

## Criminal Records Check

Because many of our clients are children or vulnerable, it is Shares policy to secure Conviction-Only history information as part of the screening process for volunteers.

- Have you ever been convicted of any criminal offense (other than a juvenile offense which has been expunged from your record) or released from prison in the past 7 years?  Yes  No
- Are you known by other name (Alias/ Maiden Name)? \_\_\_\_\_
- Date of Birth: \_\_\_\_\_ Gender:  F  M Race: \_\_\_\_\_

## In signing this Application for Volunteer Service:

- I certify that all statements made by me on this application are true and correct to the best of my knowledge and that I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand and agree that any misrepresentations or omission of facts can exclude my being considered volunteer service or after my service begins may be cause for termination.
- I understand that my involvement as a volunteer is contingent upon a clean criminal history background check.
- I will perform such services as a volunteer with out compensation, and in performing such services I acknowledge that I am not acting as an employee of Share.
- I understand that I may have access to, or work with, information considered confidential regarding clients, employees and volunteers. Confidential information includes, but is not limited to: name(s), Address (es), phone number(s), circumstances (past, present or future) and all other information considered "personal or private" and thus confidential. I agree to hold all such information in complete confidence both during and following my volunteer position with Share.
- I understand that my participation is strictly on a volunteer basis and that there will no insurance provided against bodily harm. I also understand that volunteer positions are not covered under Worker's Compensation Insurance. I agree to hold harmless entity known as Share from liability for any and all bodily injury, sickness, or property loss/damage sustained while serving as a volunteer.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_