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|  | DSHS Volunteer Application | | | |
| **Note to the Applicant:**  It is the policy of the Department of Social and Health Services to utilize and endorse a wide range of volunteer services. Involvement of carefully selected residents / 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) | | | | |
| **Employment (if applicable)** | | | | |
| EMPLOYER | | | | PHONE NUMBER (INCLUDE AREA CODE) |
| EMPLOYER’S ADDRESS STREET CITY STATE ZIP CODE | | | | |
| POSITION | | SUPERVISOR | | |
| **Education, License, Registration, or Certification (required if applicable to volunteer position)** | | | | |
| EDUCATION | | | | |
| LICENSE | | | | |
| REGISTRATION | | | | |
| CERTIFICATION | | | | |
| LANGUAGES | | | | |
| **Volunteer Interests or Positions** | | | | |
| 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  Answering “yes” will not automatically exclude you from volunteering with DSHS; however, some positions may require successful completion of a Background Check. | | | | |
| **Previous Volunteer Experience** | | | | |
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| **Date and Signature** | | | | |
| **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.** | | | | |
| SIGNATURE | | | | DATE |