

## Volunteer Application

In order to ensure the safety of our staff and the children we work with, we will run a limited background check through the INF

ishington State Patrol FORMATION WILL BE SH					y.    NO    FINANCIAL/CREI ormation:		
LEGAL NAME							
FIRST:	MIDDLE INI	TIAL:	LAST:				
Name you'd like to b	pe called (if diffe	erent than abo	ove):				
GENDER:	DATE OF	BIRTH:					
Have you ever been	convicted for a	a crime?	Yes No				
organization will not den	y volunteer oppor ay consider the na	tunities of any ap	date and place of conviction oplicant solely because the programmer of the offense	person has been convicte	d of a crime. The		
Are you currently ou	ut on bail, the so	ubject of a cu	rrent warrant for arrest	t or released on your	own recognizance		
HOME PHONE: CELL PHONE:							
STREET ADDRESS:			CITY:	STATE:	ZIP:		
E-MAIL ADDRESS (for c	our use only):						
Age (if under 18):	Not		rs under age 18 mus s under age 16 must				
<b>Emergency Contacts:</b>				Ι			
Full Name			Daytime Phone	Relat	tionship		
2.							
Please list any mental or require special accomm			ıld impact your ability	to serve as a volunte	er in any capacity, or		
Volunteer Agreement:							
dismissal. I agree to remain wi I give permission to	ithin the scope The Children's The Children's	of the job des Reading Four	contact with a child is useription and/or assignendation of the Mid-Coledation of the Mid-Coledation of the Mid-Col	ed duties. umbia to conduct a k			
Volunteer Signature:				Date:			
Parent Signature (if under 18 years of age):				Date:	Date:		

For Office Use only: Background check done ☐ Cleared to volunteer ☐