

## **Volunteer Application**

Date		Date of Birth (MI	M/DD/YYYY)*	Gender (circle one) Male Female
Name	<u>l</u>			
Address				
City		State	Zip	_
Phone Type		E-mail Personal: Email Business:		
Emergency Contact		Dhono		
Name/Relationship		Phone ( )		
Education				
Last grade completed or degree				
Volunteer Experience/Skills				
Organization	Skills/Tr		raining/Certifica	tions
Work Experience (Attach resume it Are you currently employed?	f available)	If yes, hours pe	er week:	
Yes No	Shift:			
W. Lie.				
Work History Employer Name & Addre	ess	Dates	F	Position/Duties

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Are you an ac	tive duty or retired military veteran? (op	itional)	
Yes	□ No		
Advisory M Board Men Shelter Su	pport AM Donation Drive Outre	Place each/Drop In	
Other			
Areas of speci	al training or expertise:		
Accounting Art Business Computer	☐ Crafts ☐ Medic☐ Data entry ☐ Market	Iraising ical Training eting ting/Construction	
Bilingual, L	anguages Spoken		
Other			
	you envision contributing as a volunteer (p		
☐ Weekly		•	
Availability and	d Preference:		
Sunday		(1 <sup>st</sup> , 2 <sup>nd</sup> and 3 <sup>rd</sup> Choice of Days)	
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Groups or org	anizations with which you are affiliated:		
	•		



References – Please list three references we may contact. Not all volunteer positions require a reference check; we will let you know if we need to call references for the position you are placed in. Do not include relatives:

Name, Relationship	Address	Phone	
		( )	
		( )	
		( )	

Where did you learn about our volun	teer opportunities?	
	ly newsletter? Yes No	initials
Return form to: For Of	ffice Use Only	
Volunteer Manager Friends of Youth 13116 NE 132 <sup>nd</sup> Street Kirkland, WA 98034  (425) 869-6490 x309 volunteer@friendsofyouth.org www.friendsofyouth.org	Type of Volunteer:  EventAdminInternProgramOther  Program:  Position: Interview Date:Interviewer:  Length of commitment:Start Date:	

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