



700 E. Mountain View Ave. Suite 501 Ellensburg, WA 98926 (P) 509.925.1448 110 Pennsylvania Ave. Cle Elum, WA 98922 (P) 509.674.2375 (F) 509.674.5187

VOLUNTEER APPLICATION

Date:	Position:
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Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, sexual and gender preference, or the presence of a non-job-related medical condition or handicap.

Employment is terminable-at-will, so that both HopeSource and the employee remain free to choose to end the work contract, and only the Executive Director of HopeSource can enter into a written employment contract.

PERSONAL INFORMATION

First	Last	M.I.	Telephone Number	
Address				
City	State	Zip	E-mail Address	
Type of Volunteer				
<input type="checkbox"/> High School		<input type="checkbox"/> College Internship		<input type="checkbox"/> Community Service
<input type="checkbox"/> Community Member		<input type="checkbox"/> Other, specify:		
Total Hours Required/Requested:				
Students please complete the following section				
<input type="checkbox"/> Freshman	<input type="checkbox"/> Sophomore	<input type="checkbox"/> Junior	<input type="checkbox"/> Senior	<input type="checkbox"/> Graduate
Professor/Class:			Major/Minor:	
Available to work during school breaks: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you ever been convicted of a felony? <i>If yes, please explain below.</i>				<input type="checkbox"/> Yes <input type="checkbox"/> No



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Current Employment	
<i>Are you currently employed? Please fill out the following:</i>	
Name of Employer	Phone Number
Position	May we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

Preferred Area of Interest (check all that apply)		
<input type="checkbox"/> Clerical/Data Entry <input type="checkbox"/> Receptionist <input type="checkbox"/> Interpreter	<input type="checkbox"/> Food Bank <input type="checkbox"/> Household Repairs <input type="checkbox"/> Transportation <input type="checkbox"/> Community Development	<input type="checkbox"/> Event Planning/Fundraising <input type="checkbox"/> Community Outreach <input type="checkbox"/> Other:

Please indicate when you are available to volunteer		
Times of day	Preferred assignment	Length of commitment
<input type="checkbox"/> Mornings	<input type="checkbox"/> Ongoing	Number of hours/week:
<input type="checkbox"/> Afternoons	<input type="checkbox"/> Short-term	Number of weeks:
	<input type="checkbox"/> No Preference	
Specific Days/Times Available:		

Please indicate where you are available to volunteer	
<input type="checkbox"/> Ellensburg	<input type="checkbox"/> Cle Elum (Transportation Provided)
Are you able to travel if required? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have reliable transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you possess a current Washington State driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Physical Abilities			
<i>Please check all of which you are physically capable</i>			
<input type="checkbox"/> Lifting:	<input type="checkbox"/> Standing	<input type="checkbox"/> Sitting	<input type="checkbox"/> Walking
<input type="checkbox"/> 10 lbs. <input type="checkbox"/> 20 lbs. <input type="checkbox"/> 50 lbs.	<input type="checkbox"/> Running	<input type="checkbox"/> Bending	<input type="checkbox"/> Squatting



SKILLS & EXPERIENCE

List any professional, trade, business or civic activities and offices held: (You may exclude those which indicate race, color, religion, sex or national origin)		
Indicate any languages you speak, read and/or write, other than English.		
Language	Speak <input type="checkbox"/> Basic <input type="checkbox"/> Fluent	Read <input type="checkbox"/> Basic <input type="checkbox"/> Fluent
	Write <input type="checkbox"/> Basic <input type="checkbox"/> Fluent	
Describe specialized training, apprenticeship, skills, and extra-curricular activities.		
List experience in social services, working with families, interpreting a foreign language, or any other relevant experience that would bring value to the position.		

Please check your skill level for each of the following, using the scale provided below to rate your ability:

Basic – Needs direct supervision

Intermediate – Works independently with occasional supervision

Proficient – Works independently

Office Skills			
Data Entry	<input type="checkbox"/> Basic	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Proficient
Alphabetical Filing	<input type="checkbox"/> Basic	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Proficient
Bookkeeping	<input type="checkbox"/> Basic	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Proficient
Accounting	<input type="checkbox"/> Basic	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Proficient
Customer Service	<input type="checkbox"/> Basic	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Proficient
Office Phone Skills	<input type="checkbox"/> Basic	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Proficient

Software Experience			
Word	<input type="checkbox"/> Basic	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Proficient
Excel	<input type="checkbox"/> Basic	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Proficient
Graphics programs	<input type="checkbox"/> Basic	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Proficient
Other:	<input type="checkbox"/> Basic	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Proficient
	<input type="checkbox"/> Basic	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Proficient
	<input type="checkbox"/> Basic	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Proficient



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Please answer the following questions:

Why do you wish to volunteer?

What skills, abilities and/or experiences are you hoping to gain?

Volunteer Experience	
Name of Organization	Phone Number
Position/Duties	May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Organization	Phone Number
Position/Duties	May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Organization	Phone Number
Position/Duties	May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No

Professional References		
Please provide three references – at least one must be a professional reference.		
Name	Telephone	Years Known
Address	City, State Zip	Relationship:
Name	Telephone	Years Known
Address	City, State Zip	Relationship:
Name	Telephone	Years Known
Address	City, State Zip	Relationship:



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Volunteers at HopeSource are required to undergo a criminal background check and sign a confidentiality agreement and liability waiver. HopeSource expects volunteers to honor their time commitment and maintain a flexible, open-minded attitude. HopeSource is an AA/EOE.

Criminal History Information Request		
Applicant Name: First	Last	Middle
Alias/Maiden Name(s):		
Date of Birth: MM/DD/YYYY	Sex:	

I certify that all information I have provided on this application is complete and correct. I understand that incomplete or incorrect information provided on this application may be cause for my application to be rejected, or in the event that I am hired, may be cause for my immediate release. In addition I authorize HopeSource to contact prior employers listed on this application and further authorize said employers to release any and all relevant information regarding my employment to HopeSource.

I volunteer my service through HopeSource and understand that I am not a paid employee of HopeSource. My signature acknowledges that I release HopeSource of any liability beyond that required by State law.

Signature: _____

Date: _____

For applicants under age 18:

As parent/guardian of _____, I give my permission for him/her to perform volunteer duties for HopeSource.

Signature: _____

Date: _____

*Please return this application with a resume to the HopeSource office at
700 E. Mountain View Ave. Suite 501
Ellensburg, WA 98926*

If you have questions about any portion of this application, please contact 925-1448.