



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

<b>Date:</b>	<b>Position:</b>
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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

<b>First</b>	<b>Last</b>	<b>M.I.</b>	<b>Telephone Number</b>	
<b>Address</b>				
<b>City</b>	<b>State</b>	<b>Zip</b>	<b>E-mail Address</b>	
<b>Type of Volunteer</b>				
<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:				
<b>Students please complete the following section</b>				
<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				
<b>Have you ever been convicted of a felony?</b> <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>	
<b>Name of Employer</b>	<b>Phone Number</b>
<b>Position</b>	<b>May we contact your employer?</b> <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		
<b>Times of day</b>	<b>Preferred assignment</b>	<b>Length of commitment</b>
<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"/> <b>Lifting:</b>	<input type="checkbox"/> <b>Standing</b>	<input type="checkbox"/> <b>Sitting</b>	<input type="checkbox"/> <b>Walking</b>
<input type="checkbox"/> 10 lbs. <input type="checkbox"/> 20 lbs. <input type="checkbox"/> 50 lbs.	<input type="checkbox"/> <b>Running</b>	<input type="checkbox"/> <b>Bending</b>	<input type="checkbox"/> <b>Squatting</b>



## SKILLS & EXPERIENCE

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

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

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