

**WASHINGTON STATE UNIVERSITY
SKAGIT COUNTY EXTENSION
VOLUNTEER APPLICATION FORM**
(To be completed by all *potential* volunteers)

GENERAL INFORMATION

Name: _____
(First) (Middle) (Last)

Mailing Address: _____
(Street) (City) (Zip)

Length of time at current address: _____

Phone: Day: () _____ Best time to call: _____
Eve: () _____ Best time to call: _____

E-mail: _____

VOLUNTEER INTEREST

Why are you interested in volunteering for WSU Extension?

Do you prefer to work directly with youth or adults?

_____ Adults _____ Seniors

When are you generally available to volunteer?

_____ am _____ pm _____ weekend _____ flexible

Previous work, education and volunteer experience: (List current or most recent experience first)

Employer/Organization Position Title/Volunteer Role Year (s)

Additional skills, interests or experiences: We sometimes need special skills or talents to enhance the quality of our volunteer programs. Please check the items below that will add to your effectiveness as a WSU Extension volunteer.

- | | | |
|--|---|--|
| <input type="checkbox"/> Web page design | <input type="checkbox"/> Photography | <input type="checkbox"/> Graphic arts |
| <input type="checkbox"/> Food service | <input type="checkbox"/> Public speaking/teaching | <input type="checkbox"/> Writing/editing newsletters |
| <input type="checkbox"/> Public relations/marketing | <input type="checkbox"/> Facilitation | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Computer skills (list software) _____ | | |

Do you have a health or medical condition which we need to accommodate for training?

Yes No

Please explain if you answered yes: _____

If you are able to speak, read or write a language other than English (including American Sign Language), please list:

Do you have a current Washington State Food and Beverage Service Workers Permit?

Yes No

If you answered yes, please provide the permit expiration date: _____

Would you be willing to take the test WA State Food and Beverage Service Workers Permit?

Yes No

Name: _____
(First) (Middle) (Last)

(Former name (s)) (Legal or preferred name (s))

Date of Birth (MM/DD/YY)

Driver's License Number

BACKGROUND DISCLOSURE

Answer YES or NO to each listed item. If the answer is YES to any item, explain in the area provided, indicating the charge or finding, the date, and the court (s) involved.

1. Convicted of any crime against children or other persons?
____ YES ____ NO If YES, explain below:

2. Convicted of crimes relating to financial exploitation if the victim was a vulnerable adult?
____ YES ____ NO If YES, explain below:

3. Convicted of crimes related to drugs as defined in RCW 43.43.830?
____ YES ____ NO If YES, explain below:

4. Found in any dependency action under RCW 13.34.040 to have sexually assaulted or exploited any minor or to have physically abused any minor?
____ YES ____ NO If YES, explain below:

5. Found by a court in a domestic relations proceeding under Title 26 RCW to have sexually abused or exploited any minor or to have physically abused any minor.
____ YES ____ NO If YES, explain below:

6. Found in any disciplinary board final decision to have sexually or physically abused or exploited any minor or developmentally disabled person or to have abused or financially exploited any vulnerable adult?
____ YES ____ NO If YES, explain below:

7. Found by a court in a protection proceeding under chapter 74.34 RCW to have abused or financially exploited a vulnerable adult?
____ YES ____ NO If YES, explain below:

Please note: A criminal record will be considered as it relates to specifics of the volunteer position for which you are applying. A criminal record may prevent an individual from volunteering, depending on the nature of the offense.

PERSONAL REFERENCES

References: List non-family members who have knowledge of your skills, abilities and qualifications. Individuals should have worked with you on projects and activities and/or have direct experience with or knowledge of your qualifications. Please provide complete addresses and phone numbers.

Name: _____

Relationship Home Phone Work Phone E-mail

Address: _____

Street City State Zip

Name: _____

Relationship Home Phone Work Phone E-mail

Address: _____

Street City State Zip

I authorize the contact of listed references and understand a criminal background check will be completed prior to final consideration of my application to volunteer. I understand that misrepresentation or omission of required information is just cause for non-appointment as a volunteer with Washington State University Extension. I understand that I serve at the pleasure of the Washington State University Extension and agree to abide by the policies of Washington State University Extension and individual program areas and to fulfill the volunteer responsibilities to the best of my ability. I give my permission to have my image/voice used by Washington State University Extension for educational purposes. I understand that my image/voice may be used in materials/presentations to help illustrate and explain the educational programs of Washington State University Extension.

APPLICANT SIGNATURE: _____ DATE: _____

Please return the application at your earliest convenience and contact us if you have any questions or wish further information. (Phone: (360) 428-4270, ext. 239. E-mail: j.bryan-goforth@wsu.edu) Thank You!

Mail To:
WSU Skagit County Extension
Attn: Jennie Bryan-Goforth
11768 Westar Lane
Burlington, WA 98223

If anything in this application changes, let the WSU Skagit County Extension office know.