



VOLUNTEER APPLICATION

Date of application: _____

NAME:			
ADDRESS:		City:	Zip:
PHONE #'s:	Hm:	Wk:	Cell:
EMAIL:			
IN EMERGENCY PLEASE CONTACT: (Name, phone(s) & relationship):			
NAME	PHONE NUMBER	CITY ,	STATE RELATIONSHIP
REFERENCES (2 Names, full addresses, phone(s):			
NAME	ADDRESS	CITY ,	STATE PHONE NUMBER
NAME	ADDRESS	CITY ,	STATE PHONE NUMBER

Areas you are interested in: (check all that apply):

<input type="checkbox"/> Children's Advocacy	<input type="checkbox"/> Special Events/Community outreach
<input type="checkbox"/> Crisis Line	<input type="checkbox"/> Support Groups
<input type="checkbox"/> Legal advocacy/court support	<input type="checkbox"/> Thrift Shoppe
<input type="checkbox"/> Maintenance, hauling, yard wk	<input type="checkbox"/> Transportation
<input type="checkbox"/> Office Clerical	<input type="checkbox"/> Women's Advocacy
<input type="checkbox"/> Other	

Availability:

Days Preferred:
Hours Preferred:
Can you work evenings? Weekends? Holidays?
How did you learn about this program?

Education & Work History:

Volunteer Experience:

Office use only: Train date: _____ Start Date: _____ Dept: _____
Change date: _____ To Dept: _____ Inactive: _____



Special Interests, skills, hobbies:

Reasons you would like to volunteer:

What is your experience with domestic violence? Have you received domestic violence services in the past year? If so please explain.

Domestic Violence Services of Snohomish County requests a criminal history background check on all volunteers and staff. Please fill out, print clearly or type and sign below.

REQUEST FOR CRIMINAL HISTORY INFORMATION

APPLICANT OF INQUIRY (please provide as much information as possible. Name and date of birth are mandatory)

Applicant's Name: _____
 First Middle Last

Alias/Maiden Name(s): _____

Date of Birth: _____

Month/Day/Year Sex Race Height Eye color

Secondary dissemination of this criminal history record information response is prohibited unless in compliance with RCW 10.97.050.

I understand by signing below I am giving the Snohomish County Center for Battered Women permission to do a Washington State Background check that will be used for the sole purpose of determining my eligibility to volunteer with the agency.

Applicant's Signature: _____ Date: _____