



VOLUNTEER APPLICATION

Personal Information	
Name:	Date:
Address:	
City:	State: Zip:
Home Phone:	Cell Phone:
Email address:	
Best Way to Contact You (Circle one)	<input type="checkbox"/> Phone Call <input type="checkbox"/> Text <input type="checkbox"/> Email

References (non-family)	
Name:	Relationship:
Phone No.:	
Name:	Relationship:
Phone No.:	

Emergency Contact Information	
Name:	Relationship:
Address:	
City:	State: Zip:
Email:	

Disclosures
<p>Please share with us anything that we need to know that might direct or limit your volunteering opportunities, such as physical/mobility limitations, allergies (smoke, pets, dust) or travel frequently.</p>

	Please check days available to volunteer	Circle time of day available to volunteer		
	Sunday	Morning	Afternoon	Evening
	Monday	Morning	Afternoon	Evening
	Tuesday	Morning	Afternoon	Evening
	Wednesday	Morning	Afternoon	Evening
	Thursday	Morning	Afternoon	Evening
	Friday	Morning	Afternoon	Evening
	Saturday	Morning	Afternoon	Evening

Volunteer Interests: Please check ALL that apply.

In Home Support		Tech Support	
Driving – rides to dr visits, shopping, etc.		Computer/web assistance	
Light housecleaning		Social media support	
Minor household repairs/maintenance		T.V., Cable, A/V Assistance	
Pet Assistance			
Sorting mail, bills, etc			
Light gardening, yard work			
In home visiting			
Daily phone call check-in			
Walking/exercise partner			
Office & Organizational Support		Events	
Clerical/Office Support		House Party/Info Session Host	
Data Entry		Photography	
Fundraising		Event Support	
Marketing/Outreach		Social Event Planner	
Telephoning		Teaching Class	
Flyer/Poster Distribution		Lecture/Talk	

Please provide any other information that you think is relevant, i.e. worked with blind people, master gardener, love of music, etc. Anything that would help match you to members.

Motor Vehicle Record Information (only required for volunteers providing transportation)

Within the past 5 years, have you been ticketed for any of the following?

Violation	<input type="checkbox"/>	Date	Violation	<input type="checkbox"/>	Date
Moving Violation			Reckless Driving		
Aggressive Driving			DUI (past 15 yrs)		
At Fault Accident			Other:		

Attach copy of insurance card for your vehicle | Attach copy of drivers' license

RELEASE OF LIABILITY & VOLUNTEER AGREEMENTS

By submitting this application, I affirm that the facts set forth in it are true and complete.

By initialing statements below, I agree to the following YSNN policies:

- _____ I will offer my time without monetary compensation.
- _____ I understand that my own personal or professional business will not benefit financially or in any other way from the volunteer service that I will perform.
- _____ I agree to conform to all of the YSNN procedures and regulations.
- _____ I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in dismissal.
- _____ I authorize YSNN to contact my references and **perform a background check**
- _____ I agree to indemnify YSNN against and hold it harmless from all loss and expense arising out of any act, neglect or fault on my part.
- _____ I agree to fill out a volunteer service report within 2 days of each volunteer service
- _____ Finally, as a YSNN volunteer, I understand it is imperative to protect the confidentiality of all information pertaining to any YSNN member, non-member, volunteer or client associated with YSNN, including any identifying information about them, including the unauthorized possession, use, copying, reading or disclosure of applicable records, ledgers or files.

Your signature indicates your agreement to adhere to YSNN's volunteer agreement if placed as a volunteer. YSNN is not obligated to provide a placement, nor are you obligated to accept the position offered. The information you have submitted will not be given to any other parties without your permission. Volunteers are covered through the state for industrial insurance (workman's comp) and in order to report your hours and have you covered, your social security number is needed. Please provide below. Initial and sign in the appropriate places.

- _____ I have read the volunteer policies document and agree to its terms.
- _____ I certify that the information given on this form is accurate to the best of my knowledge.

Signature of applicant

Date

Print Name

Social Security Number

For more information contact YSNN:
Phone: 509-853-1917
Email: ysnn.wa@gmail.com
Mail: PO Box 11691, Yakima WA 98909