



**VOLUNTEER APPLICATION**

<b>Personal Information</b>	
Name:	Date:
Address:	
City:	State: <span style="float: right;">Zip:</span>
Home Phone:	Cell Phone:
Email address:	
Best Way to Contact You (Circle one)	Phone Call      Text      Email

<b>References (non-family)</b>	
Name:	Relationship:
Phone No.:	
Name:	Relationship:
Phone No.:	

<b>Emergency Contact Information</b>	
Name:	Relationship:
Address:	
City:	State: <span style="float: right;">Zip:</span>
Email:	

<b>Disclosures</b>
<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>    

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

**Volunteer Interests: Please check ALL that apply.**

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

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

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

Volunteer signature \_\_\_\_\_

For more information contact YSNN:  
 Phone: 509-853-1917  
 Email: ysnn.wa@gmail.com  
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