

Yakima & Selah Neighbors' Network

For more information, contact: Phone: 509-853-1917

VOLUNTEER APPLICATION

Personal Information	
Name:	Date:
Address:	Date of Birth: (for background check)
City:	State: Zip:
Home Phone:	Cell Phone:
Email address: (required)	

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

Emergency Contact Information	*Preferably local
Name:	Relationship:
Address:	
City:	State: Zip:
Phone:	

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		
My schedule is flexible			
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	
<input type="checkbox"/>	Driving – rides to Dr. visits, shopping, etc.	<input type="checkbox"/>	Computer/web assistance
<input type="checkbox"/>	Occasional 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"/>	Sorting mail, bills, etc.	<input type="checkbox"/>	
<input type="checkbox"/>	Occasional 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"/>	
Office & Organizational Support		Events	
<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?

Violation	<input type="checkbox"/>	Date	Violation	<input type="checkbox"/>	Date
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

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RELEASE OF LIABILITY & VOLUNTEER AGREEMENT & PHOTO RELEASE

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.

Lastly, from time to time, YSNN may use still photos or video images of our members as well as volunteers for marketing the organization and/or on our website. May we use photographs taken of you while on volunteer duty? Yes No

Signature of applicant

Date

Print Name

Social Security Number (for L&I)