

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

