



Hand in Hand

14 East Casino Road Suite E, Everett, WA 98208
(425) 374-2461 www.handinhandkids.org

VOLUNTEER APPLICATION

Name: _____

Address: _____

Home #: _____ Cell #: _____ Email: _____

Preferred Communication: Call Email Mail Do you have a Facebook: Yes No

How did you hear about Hand in Hand: _____

Interested in volunteering for: (please select all that apply)

Emergency Shelter-Child Care After School Program-Homework Help Admin/Office Support

Soccer Program Clothing Store Emergency Food Box Program Special Events

What is your availability?

Weekday Mornings Weekend Mornings

Weekday Afternoons Weekend Afternoons

Weekday Evenings Weekend Evenings

Weekday Overnights Weekend Overnights

How often?

Weekly

Once per month

Twice per month

As Needed

SKILLS, EXPERIENCE, AND QUALIFICATIONS:

List all education *ie: diploma, degree, certificate(s):*

What experience, if any, do you have working with children and how long:

List any trainings, skills, licenses, and/or certificates that you have that may apply:

Other Languages (spoken):

Have you ever been convicted of or plead guilty to any crime(s) involving or against a minor?

Yes No

If yes, explain _____

Degree: _____ State: ____ Conviction Date: __/__/____



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REFERENCES: (Three individuals, not relatives, whom you have known at least one (1) year.)

Name: Email & Cell Phone: Years Known: Relationship

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EMERGENCY CONTACT: (IF possible, please have at least one not associated with Hand in Hand)

Name Relationship Phone #

Name Relationship Phone #

APPLICANT'S STATEMENTS AND ACKNOWLEDGMENTS

I certify that the information provided is true and correct to the best of my knowledge. I authorize Hand in Hand to contact personal references. I understand that misrepresentations, omission of fact(s), or incomplete information may disqualify me from volunteering with Hand in Hand. I also understand that misrepresentations or omission of facts in this application will be cause for my dismissal at any time and without notice.

I agree to conform to the rules and regulations of Hand in Hand, including an introductory probationary period. I understand that volunteering with Hand in Hand is for no guaranteed period of time and may be terminated by myself or Hand in Hand, with or without notice. I acknowledge that any promise, policies, business practices, procedures, or documents do not constitute a contract.

APPLICANT'S SIGNATURE: _____ DATE: _____