



125 State Street South
Kirkland, WA 98033
(425) 576-9531
www.kithcares.org

VOLUNTEER APPLICATION

CONTACT INFORMATION

First Name: _____ Last Name: _____

Street Address: _____ City/State/Zip: _____

Home Phone: _____ Work Phone: _____

Email: _____ DOB (required): _____

AVAILABILITY (CHECK ALL THAT APPLY)

During which hours are you available for volunteer assignments?

- Weekday mornings
 Weekday afternoons
 Weekday evenings
 Weekend afternoons
 Weekend evenings

How much time would you like to contribute?

- hours per week
 hours per month
 hours per project
 I prefer a regular schedule.
 I prefer periodic volunteering.

INTERESTS (CHECK ALL THAT APPLY)

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Administrative | <input type="checkbox"/> Property Maintenance | <input type="checkbox"/> Childcare | <input type="checkbox"/> Community Supper |
| <input type="checkbox"/> Deliveries | <input type="checkbox"/> Events | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Newsletter Mailings |
| <input type="checkbox"/> Phone Bank | <input type="checkbox"/> Relocation of Families | <input type="checkbox"/> Truck/Van Available | <input type="checkbox"/> Social Networking |
| <input type="checkbox"/> Tutoring | <input type="checkbox"/> Volunteer Coordination | <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> CPR certified | <input type="checkbox"/> First Aid certified | <input type="checkbox"/> Have food handlers' permit | |

SKILLS

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities (including hobbies or sports. Please let us know if you are presently in school or employed; and if so, where.

Summarize your previous volunteer experience.

REFERENCES

Name/Relation:

Name/Relation:

Phone:

Phone:

Email:

Email:

EMERGENCY CONTACT

Name/Relation:

Phone:

Alternate Phone:

EMAIL PREFERENCES (CHECK ALL THAT APPLY)

How much time would you like to contribute?

Monthly emails

Quarterly emails

General recruitment appeals

Specific recruitment appeals

(volunteer opportunities related to your area(s) of interest)

How did you hear about KITH?

AGREEMENTS AND SIGNATURES

By submitting this application, I affirm that the facts set forth in it are true and complete. 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 my immediate dismissal. I affirm that as a KITH volunteer I will be making a time commitment to the program. Due to the personal nature of this type of volunteer work, I understand the need for confidentiality. I agree to respect the opinions and differences of others and to honor the dignity of all. I understand that if I have any suspicions about the safety of a child it must be reported to the staff immediately.

Name (Printed):

Signature:

Date:

Background Check: *It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability. We are required to run a Washington State Patrol security check on all volunteer applicants. By signing below, the applicant understands and agrees to the background check.*

Signature:

Date:

Liability Release: *I hereby release indemnify, and hold harmless Kirkland Interfaith Transitions in Housing, the staff, Board of Directors, volunteers, and supervisors of all activities, from any and all liability in connection with any injury in conjunction with volunteer services in which I participate.*

Signature:

Date: