



2103 South Atlantic Street  
 Seattle, WA 98144  
 Phone: (206)329-2050  
 Fax: (206)329-2171

## Short Term Volunteer Application

This information is kept confidential. If any of the information changes, please notify us in writing immediately.

Name of Group \_\_\_\_\_ Date: \_\_\_\_\_  
 Date of service \_\_\_\_\_

Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
*Last First Middle* *month/day/year*

Address \_\_\_\_\_ Gender: Male Female  
*Street* Home Phone: (\_\_\_\_) \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_  
 E-mail \_\_\_\_\_

Ethnicity (optional) \_\_\_\_\_ Languages Spoken \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: H \_\_\_\_\_ W \_\_\_\_\_  
*Name and Relationship to you*

How did you hear about Atlantic Street Center? \_\_\_\_\_

Interests & Skills \_\_\_\_\_

Have you ever volunteered before? Yes No If yes, please list experiences: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Are there any special health conditions, physical or mental that we should know about? \_\_\_\_\_  
 \_\_\_\_\_

Have you ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_, if yes When? \_\_\_\_\_

Where: \_\_\_\_\_ What was the nature of the offense? \_\_\_\_\_

I certify that answers given are true and complete to the best of my knowledge. I understand that I will be required to complete a Washington State Patrol Form. I authorize investigation of all statements contained in this application for volunteering at the Atlantic Street Center Volunteer Program. I waive all rights to compensation. I will only perform volunteer work as directed by staff of the Atlantic street center and that I feel comfortable doing. I agree to release the Atlantic Street Center of any and all claims which may arise as a result of any expenses, personal injury, loss or damages incurred while volunteering.

Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature (if potential volunteer is a minor) \_\_\_\_\_ Date \_\_\_\_\_

<i>For Office Use Only</i>			
Date received: _____	Data entry: _____	Project _____	
Orientation: _____	WSP Form: _____	Conf	
_____			