

VOLUNTEER APPLICATION

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Longono	Information
Гегуния	

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

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.

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

In Home Support	Tech Support
Driving – rides to Dr. visits, shopping, etc.	Computer/web assistance
Occasional Light housecleaning	Social media support
Minor household repairs/maintenance	T.V., Cable, A/V Assistance
Sorting mail, bills, etc.	
Occasional Light gardening, yard work	
In home visiting	
Daily/ weekly phone call check-in	
Walking/exercise partner	
Office & Organizational Support	Events
Clerical/Office Support	House Party/Info Session Host
Data Entry	Photography
Fundraising	Event Support
Marketing/Outreach	Social Event Planner
Telephoning	Teaching Class
Flyer/Poster Distribution	Lecture/Talk

Volunteer Interests: Please check ALL that apply.

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	Date	Vio	lation	Date
Moving Violation		Reckless Driving		
Aggressive Driving		DUI (past 15 yrs.)		
At Fault Accident		Other:		
Attach copy of insurance card for your vehicle		Attach copy of drivers' license		

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.

Yakima and Selah Neighbors' Network

RELEASE OF LIABILITY & VOLUNTEER AGREEMENT & PHOTO RELEASE

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 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

I agree to conform to all of the YSNN procedures and regulations.

By submitting this application, I affirm that the facts set forth in it are try and complete.

I will offer my time without monetary compensation.

By initialing statements below, I agree to the following YSNN policies:

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 vi	ideo images of	our members as
well as volunteers for marketing the organization and/or or	n our website.	May we use
photographs taken of you while on volunteer duty?	Yes	No

Signature of applicant

Print Name

Date